deoth. Poge 4 may be 99 merol director, page 31 merol director, page 31 merol director, page 32 merol

within 24 hours after

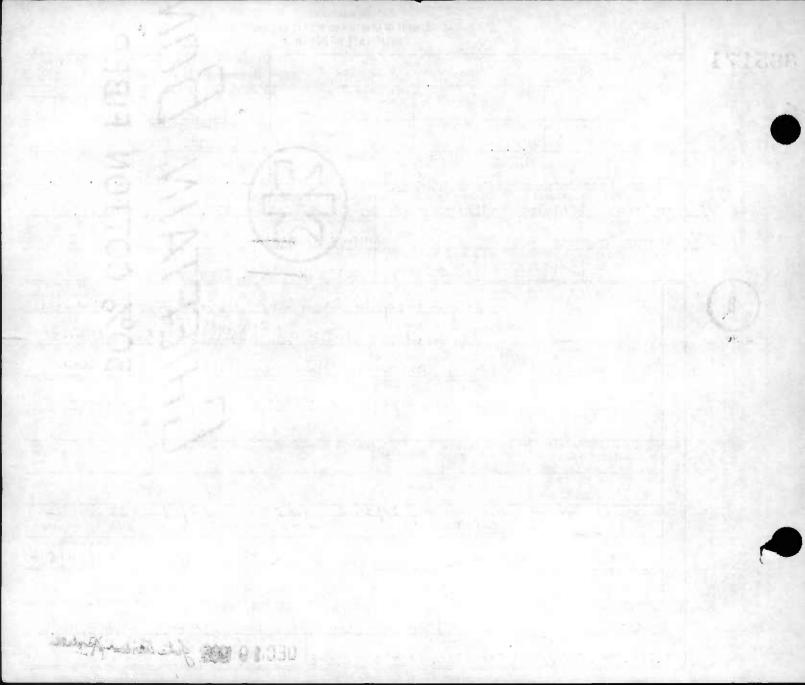
certificate be

requires that the death

ATTENDING PHYSICIAN: The low ospital or attending physician.

DHMH - 16 60M 7/ (VRA 15, 4)

| Film G611 if FOR /23/86 if REGISTRAR   |  | DEPART  | MENT OF          | E OF MARYLAND<br>BEALTH AND MENTAL HYG<br>FICATE OF DEATH | IENE 8 5  | 40.            | 3 4  | 3 2                                 |
|--|--|---|------------------|---|---|----------------|--|-------------------------------------|
| 1. DECEASED NAME<br>(TYPE OR PRINT)  | FIRST  | MIDDLE  |                  | IASI  | 20. DATE OF DEATH   |                | DAY YEAR                                   | 26 HOUR                             |
|  | Louis  | George  |                  | oudrias   | December  |                | 1985                                       | 12:15 ,                             |
| Male   | 4 RACE   | White   | 5. DATE (        | H DAY YEAR  | 6 AGE (IN YEARS LAST B)                                       |                | MONTHS DATE                                | HOURS MIN                           |
| 70. BIRTHPLACE (STATEO COUNTRY): Canada  | PR FOREIGN 7b. CITIZ   | EN OF WHAT COUNTRY                                | MARRIE<br>WIDOWI | D NEVER MARRIED   | 9 BALTIMORE CITY  |                | TYOFDEATH                                  | ME                                  |
| 10 CITY OR TOWN OF D   | (IF N  | ME OF HOSPITAL, NURSI                             | TADDRESS)        |   | 12a USUAL OCCUPAT   | OF WORKING     | LIFE) INDUSTRY                             | F BUSINESS OR                       |
| Prince Fred  |  | Ivert Memor                                       |                  | Spicai  | Dept. of  | <u>eren</u>    | selu. S.                                   | GOV.t                               |
| Maryland   | Calvert.   | Lusby   | WN               | YES NOTHER'S MAIDEN NAM                                   | Box 13G,  |                |  | r. 2065                             |
| Georges Bou  | drias  | <b>LAST</b>                                       |                  | Virginia Bid  | WIDDLE  |                | LAS  | 1,                                  |
| 160 WAS DECEASED EVE<br>(YES NO OR UNKNOWN)  |  |   |                  | 17 INFORMANT  Stella Bound                                | rias  | RESS           | 3 N_F                                      |                                     |
| Conditions, if on gove rise to in cause (a), storunderlying cau                          | IMMEDIATE CAUS  DU  Ity, which mediate fing the see lost.  DUIT CONDITION TO CONDIT | E TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE | JENCE OF LATTU   | Hve Pulnor  | Respirator<br>Motorolina<br>any Discon<br>inal pisease or con |                | LOSS H                                     |                                     |
| 190 DATE OF OPER   |  | CONDITION FOR WHIC                                |                  |   | YES NO  | IN CER         | ES, WERE FINDIN<br>TIFYING CAUSES<br>YES [ |                                     |
| OR CONTRIBUTION  | CAUSE OF DEATH HO  | TIME OF INJURY<br>DUR A.M. MONTH [<br>P.M.        | AY YEAR          | 21¢ HOW INJURY OCCURR                                     | ED (ENTER NATURE OF IN)                                       | URY IN ITEM II | 8 PART ( OR PART 2)                        |                                     |
| UN CONTRIBUTING L.  (IF EITHER NOTIFY ME  21d INJURY OCCU  WHILE NOTIFY AT WORK  AT WORK |  | PLACE OF INJURY<br>HOME STREET, FACTORY, OFFICE   | FARM, ETC )      | 211 LOCATION<br>STREET                                    | CITY OR T   | OWN            | COUNTY                                     | STATE                               |
| saw the deced<br>above, (1) (  |  | nded the deceased from.  19 19 19 19              |                  | nd that in (my) (and apinion of                           | to 12<br>death accurred on the c                              | ote and h      | our and from the                           | that (I) (we) lost<br>causes stated |
| 22b. SIGNATURE   | ald St   | true  |                  |   | MEDICAL STA   | AFF<br>ICIAN [ | 12 DATE                                    | 14 85                               |
|  | NAME (TYPE OR PRINT)   |   |                  | 22e ADDRESS   |   |                |  |                                     |
|  | ld P. Ster   |   |                  | Prince Fre  |   | 20             | 678  |                                     |
| 230 BURIAL, CREMATION  |  |   |                  | CEMETERY OR CREMATORY                                     | 23d. LOCATION<br>CITY OR TOWN                                 |                | COUNTY                                     | STATE                               |
| Burial 24 FUNERAL DIRECTOR   | Donald V   | -17-1985   Or<br>Borgwardt<br>Republic,           |                  | 1050  | REC'D. BY REGISTRA  | PORS.          | STRAR'S SIGNO                              | Md                                  |



IMPORTANT: If Item 21 is

BP

DHMH - 16 50M 1/76 (VR A 15 (4))

008099

| STATE OF MARYLAND                        |
|--|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENES |
| CERTIFICATE OF DEATH                     |

|   | DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH | GIENE  | 3                 | Ü      | 6-4  | eng.         | U     | ن         |   |
|---|---|--------|-------------------|--------|------|--------------|-------|-----------|---|
|   |   |        | REG. N            | 0.     |      |              |       |           |   |
| ī | LAST  | 2a DAT | E OF DEATH        | MONTH  | DAY  | YEAR         | 2b +  | IOUR      | • |
|   | Bowen   |        | Dec               | . 6    | 23   | 1985         | 10    | ):20      | 4 |
| _ | 5. DATE OF BIRTH  | 6 AGE  | IN YEARS LAST BIR | THDAY) | IF.L | INDER 1 YEAR | IF Uh | DER 24 HR |   |
|   |   |        |                   |        | -    | -            | _     |           | å |

2119

may 2

10 5

| FOR<br>STATE<br>REGISTRAR                                      |   | DEPARTA                                       |            | EALTH AND A           |                                    | IENES 5                   | J 6               | ۵.                  | ే చ                   |
|--|---|---|------------|-----------------------|------------------------------------|---------------------------|-------------------|---------------------|-----------------------|
| 1. DECEASED NAME<br>(TYPE OR PRINT)                            | FIRST   | WIDDLE  | · ·        | AST                   |                                    | 20 DATE OF DEATH          | MONTH DA          | 7                   | 26 HOUR               |
| (TIPE OK PRINT)  | Frances   | S.  | I          | owen                  |                                    | Dec                       | . 23              | 1985                | 10:20                 |
| 3 SEX  | 4 RACE  |   | 5. DATE C  |                       |                                    | 6 AGE (IN YEARS LAST BIRT |                   | F UNDER 1 YEAR      | IF UNDER 24 HR        |
| female   | . whi   | t.e   | MONTH      | 1 20                  | 1898                               | 87                        | YRS               | DAYS DAYS           | HOURS MIN             |
| 70. BIRTHPLACE (STATEO   |   | OF WHAT COUNTRY?                              | 8          | D NEVER M             |                                    | 9 BALTIMORE CITY O        | R COUNTY O        | OF DEATH            |                       |
| Maryland   |   | USA   | WIDOWE     | _                     | ORCED                              | Calvert                   |                   |                     | A                     |
| 10 CITY OR TOWN OF D   |   | OF HOSPITAL, NURSIN                           |            | OR OTHER INST         | ITUTION                            | 120 USUAL OCCUPATION      |                   | 12b. KIND C         | office                |
| Prince Fred  |   | vert Nursi                                    |            | nter                  |                                    | Clerk                     | WORKING (IFE)     |                     | rollers               |
| USUAL RESIDENCE (IFN   | URSING HOME OR OTHER INSTITUT                           | TION GIVE RESIDENCE BEFORE                    | ADMISSION) | 136 INSIDE CI         | TY LIANITS?                        | 13e STREET ADDRESS        |                   |                     |                       |
| Maryland   | Calvert   | Owings  |            | YES [                 | NO J                               |                           | 1836              |                     |                       |
| 14 FATHER'S NAME   | MIDDLE  | LAST  |            | 15. MOTHER'S          | MAIDEN NA                          |                           |                   | 1AS                 |                       |
| Elliott  | G.  | Shecke'                                       | 11s        | Mar                   |                                    | France                    | 20                | Gibso               |                       |
|  | ER IN U.S. ARMED FORCE                                  | S? 166 SOCIAL SECU                            |            | 17 INFORMA            |                                    | ADDRE                     |                   |                     |                       |
| no   | n.a   |   | 846        | Grace                 | Hutch                              | ins Owings                | Moral             | bna                 |                       |
| Conditions, if or gove rise to it couse 10% sto underlying cou | immediate ) bting the DUE TO                            | Condice<br>O, OR AS A CONSEQUE<br>ATTENOS     | O          | the Cons              |                                    | Dreeves/P                 | nemos             | ia yea              | ara/2                 |
|  | GNIFICANT CONDITIONS                                    | ; Recurr                                      | ent 1      | 1 wishe               | Hemo                               | rohapre Cer               | CHAHI             | ; Der               | mentic                |
| Chrone<br>190 DATE OF OPER<br>210. ACCIDENT WAS I              | RATION 196 CO   | ndition for which                             | OPERATIO   | N WAS PERFOI          | RMED                               | 200 AUTOPSY?  YES □ NO ▼  |                   | WERE FINDING CAUSES | NGS USED<br>OF DEATH? |
| On COLUMNIA COLUMN   | CAUSE OF DEATH HOUR                                     | AE OF INJURY  A.M. MONTH DA  P.M.             | YEAR       | 21c. HOW IN.          | JURY OCCURE                        | ED (ENTER NATURE OF INJUR | Y IN ITEM 18, PAR | T 1 OR PART 2)      |                       |
| (IF EITHER NOTIFY MEI  21d IN JURY OCCU  WHILE NOT AT WORK AT  |   | CE OF INJURY<br>E, STREET, FACTORY, OFFICE, F | ARM, ETC.) | 211 LOCATIO<br>STREET | N                                  | CITY OR TOW               | N                 | COUNTY              | STATE                 |
| sow the dece   | (1) (this hospital) attended asset alive on view the bi | ec 23 19                                      | 85 , or    | 1                     | , 19 <b>\$3</b><br>(acc) opinion ( | to Dec                    | 23 , 1            |                     | thoten (we) lo        |
| 22b. SIGNATURE   | rald P. St  | ernes   |            |                       | TTENDING PHYSICIAN                 | MEDICAL STAP              |                   | Dec Dec             | . 23, 19              |
| 22d. PHYSICIAN'S   | NAME (TYPE OR PRINT)                                    | DA.   |            | 22e ADDRESS           | ŝ                                  |                           |                   |                     | W                     |

23c. NAME OF CEMETERY OR CREMATORY

236 LOCATION

COUNTY

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

.198\$ Miranda Cemetery

Huntingtown Calvert MD BY RECHSTRAFILL REGISTRAR'S SIGNATURE

23b. DATE

burial

24. SUNERAL DIRECTOR

NAME

CALLES CA

| 0                         | 08   | 034  |  |
|---------------------------|--|--|--|
| BALTIMORE, MARYLAND 21201 | be executed within 24 hours ofter death. Page 4 may be | on and completely filled in by the funeral director page 3 cents. Pages 1 and 2 should be filed within 72 hours after death vol. | The same of the sa |
| BA                        | 18   | N+ 0   |  |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

STATE OF MARYLAND

3 4 3 3 4

| 1.            | REGISTRAR  |                              |  | CERTIF    | ICATE OF       | DEATH           | REG. NO   | )             |                   |                                     |
|---------------|--|------------------------------|--|-----------|----------------|-----------------|---|---------------|-------------------|-------------------------------------|
|               | CEASED NAME FIRST  |                              | MIDDLE   | 1         | AST            |                 |   | MONTH         | DAY YEAR          | 26 HOUR                             |
| (TYPE         | ORPRINI) Audre   |                              | 77   | DIGIL     | OD             |                 | D.  | ec.           | 28- 85            | 7:45 a                              |
| 3 SEX         |  | 4. RACE                      | V.   | BISH!     |                |                 | 6 AGE (IN YEARS LAST BIR                                  |               | IF UNDER I YEAR   | IF UNDER 24 HRS                     |
|               |  |                              |  | MONT      |                | YEAR            | 7.1   |               | MONTHS! DATS      | HOURS MIN.                          |
| 7a R16        | Female RTHPLACE ISTATE OR FOREIGN  |                              | WHAT COUNTRY?  | Oct.      | 15             | 1914            | 9 BALTIMORE CITY O  | YRS.          | V OF DEATH        |                                     |
|               | OUNTRY)  | 78. CHIZEN OF                | WIIAI COUNTRI  | MARRIE    | D NEVER        | MARRIED -       |   | -             | TOPDEATH          |                                     |
|               | Maryland   | USA                          |  | WIDOWE    | - 4-3          | IVORCED         | Calve   |               |                   | MD                                  |
| 10 CI         | TY OR TOWN OF DEATH  | (IF NOT IN SUC               | HOSPITAL, NURSIN<br>THEACILITY, GIVE STREET<br>MILLBRI | ADDRESS   |                | MOITUTITE       | 120 USUAL OCCUPATE<br>OTYPE OF WORK FOR MOST O<br>Nursing |               |                   | OF BUSINESS OR                      |
| USUA          | LUSDY AL RESIDENCE (IF NURSING HOME)   |                              |  |           | u.             |                 | , Marozna   |               |                   |                                     |
|               | TATE 13b COL   |                              | 13c CITY OR TOW Lusby                                  |           |                | NO X            | Box 29 Mil  |               |                   | 20657                               |
| 14. FA        | THER'S NAME  | WIDDLE                       | LAST   | 14-16     | 15 MOTHER      | S MAIDEN NA     | ME  |               | ĮA!               |                                     |
|               | John   | WIDDER                       | Johnson  |           | Ann            | ie.             | MIDULE  |               | Dorsey            |                                     |
| 160 V         | VAS DECEASED EVER IN U.S. A  |                              | 166 SOCIAL SECU  |           | 17 INFORM      |                 | ADDRE   | SS            |                   |                                     |
| (1            | res no or unknown) (IF YES C   | GIVE WAR OR DATES)           | 217-14-7   | 509       | Edith          | Taylor          | Box 43-A  | Mil1-         | Bridge            | Rd.                                 |
| CERTIFICATION | couse (o), stating the underlying couse lost  PART 2 OTHER STGNIFICANT                         | (c)<br>CONDITIONS <u>C</u> ( |  | DEATH BUT |                |                 |   |               |                   |                                     |
| CA            | 190 DATE OF OPERATION  | 196 COND                     | ITION FOR WHICH  | OPERATIO  | N WAS PERF     | ORMED           | 200 AUTOPSY?  |               | S, WERE FINDING   |                                     |
| Ë             |  |                              |  |           |                |                 | YES NO  | Y             | ES 🗌              | NO 🗌                                |
| MEDICAL CEI   | ? 10 ACCIDENT WAS UNDERLYING<br>OR CONTRIBUTING CAUSE OF D<br>(IF EITHER NOTIFY MEDICAL EXAMIN | KAIN                         | DE INJURY<br>M. MONTH DA<br>M.                         | YEAR      | 21c. HOW I     | NJURY OCCUR     | RED (ENTER NATURE OF INJUI                                | (Y IN ITEM 18 | PART ( OR PART 2) |                                     |
| MEDI          | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK   |                              | OF INJURY REET, FACTORY, OFFICE F                      | ARM ETC ) | 211 LOCAT      |                 | CHYORTO   | wN            | COUNTY            | STATE                               |
|               | 22a 1 certify that (I) (this has<br>sow the deceased alive a<br>above, (I) (we) (did) (did     | 214 0                        | 13 193   | 17.0      | nd that in (m) | ) (our) opinion | death occurred on the do                                  | ote and ha    | -43               | that (It (we) lost<br>couses stated |
|               | 276 SIGNATURE  |                              |  |           | DEGREE         |                 | 1   | - 100         | 22c DATE          | SIGNED                              |
|               | 4  | 1                            |  |           |                |                 | MEDICAL STAI  |               | 12/               | 30/85                               |
|               | 224 PHYSICIAN'S NAME (17P  | PRINT)                       | P  |           | 22e. ADDRE     | SS              |   |               |                   |                                     |
|               | SURIAL, CREMATION, REMOVA  | L 23h DATE                   | 23c. N   | NAME OF C | EMETERY OF     | CREMATORY       | 23d LOCATION  |               | COUNTY            | CT ATT                              |
| 1             | Buria1   | Dec. 3                       | 1-85 St  | Tol       | nns Ch         | c. Cem.         | Lusby   | C             | alvert            | Md                                  |
| 24 FL         | INFRAI DIRECTOR  |                              | 1 01   |           | LILO OIL       |                 | E REC'D BY REGISTRAR                                      |               |                   |                                     |

DHMH - 16 60M 7/B4 (VRA 15, 4)

Spencer E. Sewell

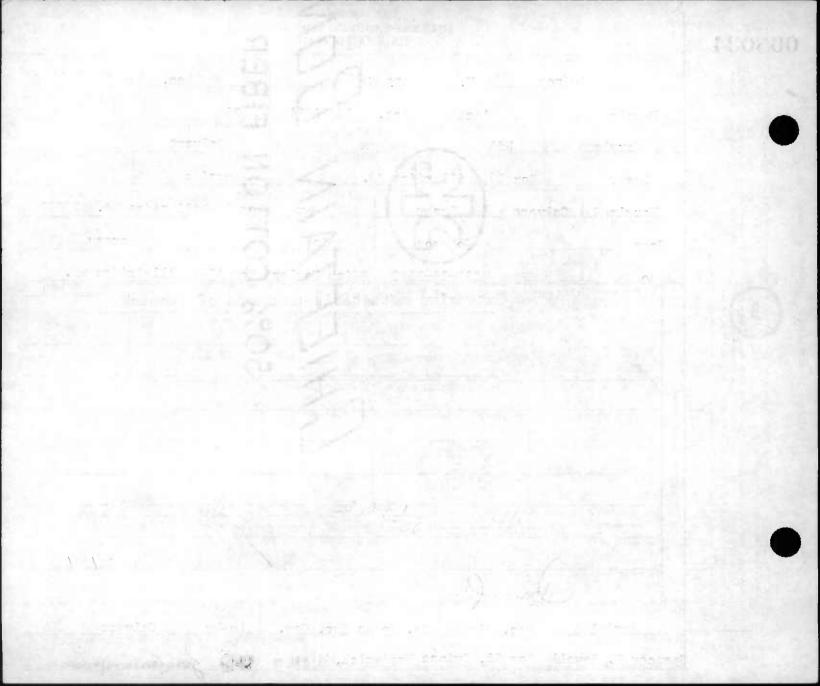
BP.

MAPORTANT. If Hem 21 is marked at Item 18 shaws any injury, or ather traumatic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the orthor should be detached for use as the burial-transit permit. Then please remowith the State Dept. of Health and Mental Hygiene prior to burial, cremation,

TO HOSPITAL OF ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

Box 31, Prince Frederick, Md N 7



BP.

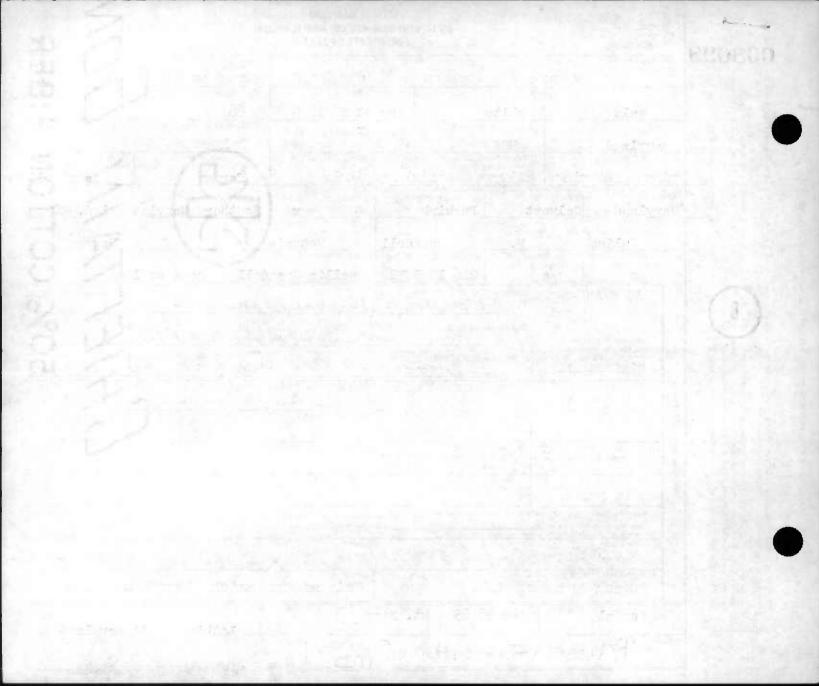
DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

|      | REGISTRAR  |  |  |  |  | ~   |  |  |                                   |
|------|--|--|--|--|--|---|--|--|-----------------------------------|
|      | CEASED NAME FIRST  |  | MIDDLE   | L  | A5T  | 20 DATE OF DEATH  | MONIH  | DAY YEAR   | 26 HOUR                           |
| 1199 | Robe   | ert  | Wayson   |  | CRANDELL   | December  | 25,  | 1985   | 1:37                              |
| SE   | X  | 4 RACE   |  | 5. DATE C  |  | 6 AGE IN YEARS LAST B   | RTHDAY)  | MONTHS DAYS  | IF UNDER 24 H                     |
|      | male   | white  |  |  | ist 26 1899  | 86  | YRS  | MONTHS DATS  | HOURS M                           |
|      | IRTHPLACE (STATE OR FOREIGN  | 76 CITIZEN OF  | WHAT COUNTRY?  | 8<br>AAA PRIE  | NEVER MARRIED  | 9 BALTIMORE CITY  | OR COUNT   | TY OF DEATH  |                                   |
| -    | Maryland   | USA  |  | WIDOWE   |  | Calver  | t  |  |                                   |
| C    | ITY OR TOWN OF DEATH   |  | HOSPITAL, NURSIN   |  | OR OTHER INSTITUTION   | 120 USUAL OCCUPAT   |  |  | OF BUSINESS                       |
| i    | ince Frederick   |  | t Memoria  |  | spital   | farmer  | 0  |  | agricu                            |
| U.   | AL RESIDENCE (IF NURSING HOME<br>STATE 136 CO  |  | GIVE RESIDENCE BEFORE  |  | 13d. INSIDE CITY LIMITS?   | 13e STREET ADDRESS  | / 71P COI  | DE   |                                   |
| 3    |  | vert   | Dunkirk  |  | YES NO X   | Southern  |  |  | d. 207                            |
| FA   | ATHER'S NAME   | MIDDLE   | LAST   |  | 15 MOTHER'S MAIDEN NA  |   |  | LA   | -                                 |
|      | Julius   | F.   |  | dell   | Veturia  |   |  | Way  |                                   |
|      | WAS DECEASED EVER IN U.S.  | ARMED FORCES?  | 166 SOCIAL SECU  | RITY NO.   | 17. INFORMANT  | ADDI  | RESS   |  |                                   |
| (    |  | a  | 216 18 5   | 5772   | Cecilia Cran   | ndell sa  | me as  | 13   |                                   |
|      | 18 CAUSE OF DEATH (Enter   | anly ane cause per   | line lar (a), (b), and   | dices  |  |   |  |  | MATE INTERVAL<br>ONSET AND DEA    |
|      | PART I. DEATH WAS CAU  | SED BY:<br>IATE CAUSE (a)  | Card   | is De  | Imonaus  | Ann   | -  | - 1  |                                   |
|      | Canditians, il any, which<br>gave rise to immediate<br>cause (a), stating the<br>underlying cause last   | (b)_   | R AS A CONSEQUE  | Sto  | relevotic  | heart-D   |  | ilux.  |                                   |
|      | gave rise to immediate cause (a), stating the  | DUE TO, OI  T CONDITIONS CO  | RAS A CONSEQUE ATA  ONTRIBUTING TO D  Chur   | NCE OF DEATH BUT   | NOT RELATED TO THE TERM<br>MAGICA AU<br>N WAS PERFORMED  | INAL DISEASE OR COM   | ises   | SIVEN IN PART I  | o Fa                              |
|      | gave rise to immediate cause (a), stating the underlying cause last  | DUE TO, OI  T CONDITIONS CO  | RAS A CONSEQUE ATA  ONTRIBUTING TO D  Chur   | NCE OF DEATH BUT   | NOT RELATED TO THE TERM  | INAL DISEASE OR COM   | DO IF Y IN CERT  |  |                                   |
|      | gave rise to immediate cause (a), stating the underlying cause last  | DUE TO, OI  T CONDITIONS CO  196. CONDI  216. TIME O HOUR A.   | R AS A CONSEQUE  DINTRIBUTING TO D  LITION FOR WHICH  OF INJURY  M. MONTH DA   | NCE OF DEATH BUT   | NOT RELATED TO THE TERM  | IN AL DISEASE OR CON  TO AUTOPSY?  YES NO   | TSEA<br>OLUS<br>20b. IF Y<br>IN CERT   | ES, WERE FINDI   | OF DEATH?                         |
|      | gave rise to immediate cause iai, stating the underlying cause last  PART 2 OTHER SIGNIFICAN  PLUS T  19a DATE OF OPERATION  21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF   | DUE TO, OI  CC)  T CONDITIONS CC  196. CONDI  196. CONDI  DEATH P.  216. PLACE   | R AS A CONSEQUE  CHAPTER OF THE PROPERTY OF TH | DEATH BUT<br>OPERATION   | NOT RELATED TO THE TERM  MAGAC AU  N WAS PERFORMED   | IN AL DISEASE OR CON  TO AUTOPSY?  YES NO   | TODA IN THE A LE   | ES, WERE FINDI   | OF DEATH?                         |
|      | gave rise to immediate cause iai, stating the underlying cause last  PART 2 OTHER SIGNIFICAN  PERSON  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMILY 21d. INJURY OCCURRED  | T CONDITIONS CO  T CONDITIONS CO  T DEATH  P.  216. PLACE  (AT HOME STR  | R AS A CONSEQUE  CHARLES TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA  19   | DEATH BUT<br>OPERATION<br>OPERATION<br>AY YEAR<br>19<br>ARM ETC) | NOT RELATED TO THE TERM  MACA AU  N WAS PERFORMED  214. HOW INJURY OCCURI  | INAL DISEASE OR COPY  THE TOTAL STATE OF INJ  CITY OR T   | TS CONDITION G  TO STATE OF THE | ES, WERE FINDI<br>TIEYING CAUSES<br>YES 3<br>PART 1 OR PART 2) | SOF DEATH? NO                     |
|      | gave rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN  PLANT 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 1 (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF CAUSE OF 1 (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CAUSE OF 1 (IF EITHER NOTIFY MEDICAL EXAMINATION OF  | T CONDITIONS CO  T CONDITIONS CO  196. CONDI  196. CON | R AS A CONSEQUE  CHAPTER OF THE PROPERTY OF TH | DEATH BUT<br>OPERATION<br>OPERATION<br>AY YEAR<br>19             | NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCUR  21l. LOCATION  STREET  19  ind that in (my) (our) opinion  DEGREE                         | INAL DISEASE OR COPY  YES NO  CITY OR T  To  death accurred on the or  NAME OF THE OF | TSENDITION G  TOLER  TO | ES, WERE FINDI<br>TIEYING CAUSES<br>YES 3<br>PART 1 OR PART 2) | STATE that (I) (we) causes stated |
|      | gave rise to immediate cause iai, stating the underlying cause last  PART 2 OTHER SIGNIFICAN  PERSON 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CON | T CONDITIONS CO  T CONDITIONS CO  196. CONDI  196. CON | R AS A CONSEQUE  CHARLES TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.  OF INJURY  REET, FACTORY, OFFICE, FA  19   | DEATH BUT<br>OPERATION<br>OPERATION<br>AY YEAR<br>19             | NOT RELATED TO THE TERM  WAS PERFORMED  21c. HOW INJURY OCCUR  211 LOCATION  STREET  19  and that in (my) (our) apinian                                  | INAL DISEASE OR COPY  THE TOTAL STATE OF INJ  CITY OR T   | 7 See  7  | ES, WERE FINDING CAUSES YES DART LOR PART 2) COUNTY            | STATE that (I) (we) causes stated |
|      | gave rise to immediate cause iai, stating the underlying cause last  PART 2 OTHER SIGNIFICAN  PERSON 190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF CON | T CONDITIONS CO  | R AS A CONSEQUE  CONTRIBUTING TO DE  CONTRIBUT | DEATH BUT<br>OPERATION<br>OPERATION<br>AY YEAR<br>19             | NOT RELATED TO THE TERM  ALCO ALCO  N WAS PERFORMED  211. HOW INJURY OCCURI  211 LOCATION  STREET  19  and that in (my) (aur) apinian  DEGREE  ATTENDING | INAL DISEASE OR COPY  YES ON AUTOPSY?  YES NO CITY OR T  CITY OR T  TO  MEDICAL STA  DIRECTOR PHYSI   | TSENDITION G  TOLL  TOLL | COUNTY  22c. DATE  122c. DATE                                  | STATE that (I) (we) causes stated |



| 352  | 146   |
|--|---|
| TO HOSPITAL OF ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours ofter death. Page 4 may be S | 10 FUNETAL DEECTOR After this certificate has been ugand by the control character physical and completely filled in by the funeral director, page 3 through the detached for use at the territarian terminal from places or control characters. Pages 1 and 2 should be filed within 72 hours after death the stars Dept. of the other manner of the places are privary or after training them to the manner of control characters are manner or after the medical expansion must be fortified at once. |

(VRA 15, 4)

|  |                    | FOR  |  |   |  |   |  |   |  |   |   |
|--|--------------------|--|--|---|--|---|--|---|--|---|---|
|  | 1 -                | STATE<br>REGISTRAR   |  |   | DEPARTN  |   | EALTH AND MENTAL HYG<br>ICATE OF DEATH   | REG. N  | ۷٥.  | <i>4</i> )  | ;3 O  |
|  |                    | CEASED NAME  | F1RS1  |   | MIDDLE   | ton   | AST  | 20. DATE OF DEATH   | MONTH D  | DAY YEAR  | 2b HOUR   |
| -84  |                    |  | Georg  | е   | Washing  | con G   | URTIN  | December  |  | 5   | 10:45A  |
|  | 3 SEX              | male   | 4  | RACE whi  | t.e  | 5. DATE O   | F BIRTH DAY YEAR   | 6 AGE (IN YEARS LAST BE   | IRTHDAY)   | AONIHS DATS   | HOURS MIN.  |
|  |                    |  |  |   |  | 9   | 27 16  | 69  | YRS.   |   |   |
| M  | C                  | RTHPLACE   STATE OR F  |  |   | WHAT COUNTRY?  | MARRIE  | NEVER MARRIED  | 9 BALTIMORE CITY  |  | OF DEATH  |   |
| 574  |                    | shington I   |  | USA   | Hospiral Augstra   | WIDOWE  |  | Calvert   |  | T   | MC  |
| 59   | Pr                 | ince Frede   | rick   | Calve   | rt Memori  | al Ho   | spital   | 120 USUAL OCCUPAT<br>(TYPE OF WORK FOR MOST<br>farmer   |  | INDUSTRY  | of Business or<br>ricultur  |
| 35   | 13a S<br>M         | at residence (# Nurs<br>tate<br>aryland  | 13b COUNTY<br>Calve  |   | 136 CITY OR TOWN Owings  |   | 136 INSIDE CITY LIMITS?  | 13e STREET ADDRESS<br>20736   | / ZIP CODE   | 46  |   |
| 40   | R                  | ichard   |  | DDLE  | Curti  | -   | IS MOTHER'S MAIDEN NA Lilly  | WIDDIE  |  | Boswel  |   |
| 010  |                    | VAS DECEASED EVER  | IN U.S. ARME   |   | 166 SOCIAL SECUI   |   | 17 INFORMANT   | ADDR  |  |   |   |
|  |                    | no   | n/a  |   | 577 18 6   | 860   | Dora Anna Cu   | urtin sam   | e as #   |   | CMATE INTERVAL<br>ONSET AND DEATH   |
| 1  |                    |  | IMMEDIATE  |   | R AS A CONSEQUE  | 7000  | 1000 - 70mm  |   |  |   | 5.18.65   |
| Owner, or other transfer of or   | CATION             | Conditions, if any, gave rise to imm couse to imm underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAL  | which<br>nediate<br>g the<br>lost.   | DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO   | OR AS A CONSEQUE   | NCE OF  | NOT RELATED TO THE TERM  |   | 20b. IF YES  | , WERE FINDI  | NGS USED  |
| Q which is a district or a strain of the str | FICAT              | gave rise to imm<br>couse (o), statin<br>underlying couse<br>PART 2 OTHER SIGN   | which<br>nediate<br>g the<br>lost.   | DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO   | OR AS A CONSEQUE   | NCE OF  | NOT RELATED TO THE TERM  | INAL DISEASE OR COP   | 20b. IF YES  | , WERE FINDI  | NGS USED  |
| )  | CERTIFICAT         | gave rise to imm<br>couse (o), statin<br>underlying couse<br>PART 2 OTHER SIGN   | which nediate g the lost.  WIFICANT CO   | DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO  19b COND  21b TIME C HOUR A.   | OR AS A CONSEQUE  ONTRIBUTING TO D  OTHER TO SERVICE  OTHER TO SER | NCE OF  | NOT RELATED TO THE TERM  | 200 AUTOPSY?  YES \( \text{NO} \)   | 20b. IF YES<br>IN CERTIFY                              | , WERE FINDI<br>YING CAUSES                             | NGS USED<br>S OF DEATH?   |
| rked or Ram 18 shows any injury, or athink trainfalls, e-frit  | FICAT              | gove rise to immocouse on stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UNIT OR CONTRIBUTING   | which nediate g the lost.  VIFICANT CO   | DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO  19b COND  21b TIME C  HOUR A.  P.  21e PLACE                           | OR AS A CONSEQUE  ONTRIBUTING TO CONTRIBUTION FOR WHICH  OF INJURY  M. MONTH DA  | NCE OF  NCE OF  DEATH BUT  OPERATION  AY YEAR  19             | NOT RELATED TO THE TERM<br>N WAS PERFORMED   | 200 AUTOPSY?  YES \( \text{NO} \)   | 20b. IF YES,<br>IN CERTIFY<br>YES<br>URY IN ITEM IB PA | , WERE FINDI<br>YING CAUSES                             | NGS USED<br>S OF DEATH?   |
| em 21 in marked or him 18 shows any injury, or offine transmiller, e-prof  | CAL CERTIFICAT     | gave rise to immoove couse on stating underlying couse PART 2 OTHER SIGN  19a DATE OF OPERAL  21a ACCIDENT WAS UND OR CONTRIBUTING COUNTRIBUTING COUNTRIBUTING CHE LITHER NOTIFY MEDIC  21d INJURY OCCUUR  WHILE NOT WHAT WORK NOT WHAT WORK AT WORK AT WORK ON SOUTH COUNTRIBUTION OF | which nediate g the lost.  WIFICANT CO  FION  FION  CAUSE OF DEATH CAL EXAMINER)  RED  WIFICANT CO  CHILD TO THE CAUSE OF DEATH CAL EXAMINER)  RED  CHILD TO THE CAUSE OF DEATH CAL EXAMINER CO  CHILD TO THE CAUSE OF DEATH CAUSE OF D | DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO  19b. COND  21b TIME C HOUR A.  P.  21e PLACE (AI HOME STI              | OF INJURY  OF INJURY  REEL FACTORY, OFFICE FA  | NCE OF  NCE OF  DEATH BUT  OPERATION  AY YEAR  19  ARM ETC.)  | NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCUR!  211 LOCATION  STREET  - 30 , 19 85  d that in (my) (our) apinion  | 200 AUTOPSY? YES NO CITY OR TO  | 20b. IF YES IN CERTIFY YES                             | WERE FINDI<br>YING CAUSE:<br>5 ART LORPART 2)<br>COUNTY | NGS USED S OF DEATH? NO   STATE  that  h (we) lost                          |
| NT. if them 21 is marked or them 18 shows any injury, or office fractional and the shows a show and the shows and the shows a show and the shows a show and the shows a show a show a show and the shows a show  | CAL CERTIFICAT     | gove rise to improve to improve to stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UNIT OR CONTRIBUTING CIFETIMER NOTIFY MEDIC  WHILE NOTIFY MEDIC  22a.1 certify that 11) sow the decessed obove, (1) (we) (2)  22b. SIGNATURE  | which nediate g the lost.  WIFICANT CO  FION  CAUSE OF DEATH CAL EXAMINER)  RED  WIFE  WIF | DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO  19b COND  21b TIME C HOUR A.  P. 21e PLACE (AT HOME STILL  ottended th | OF INJURY  OF INJURY  REEL FACTORY, OFFICE FA  | NCE OF  NCE OF  DEATH BUT  OPERATION  AY YEAR  19  ARM ETC)   | NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION STREET  - 3C  19  d that in (my) (our) opinion  DEGREE  ATTENDING PHYSICIAN  | 200 AUTOPSY? YES NO CITY OR TO  | 20b. IF YES, IN CERTIFY YES URY IN ITEM IB PA          | COUNTY  | NGS USED<br>S OF DEATH?<br>NO STATE   |
| MPOSTANT if here 21 is marked as ham 18 shows any musty, as other confidence of the  | MEDICAL CERTIFICAT | gove rise to improve the couse of the couse  | which nediate g the lost.  INFICANT CO  TION  CAUSE OF DEATH ALEXAMINER)  RED  (this hospital ed glusses and idle (did not))  WAME (TYPE OR P  | DUE TO, O  (b)  DUE TO, O  (c)  19b. COND  21b. TIME C  HOUR A.  21e PLACE (AI HOME STI                             | ONTRIBUTING TO CONTRIBUTING TO | NCE OF  NCE OF  NCE OF  OPERATION  AY YEAR  19  ARM ETC.)     | NOT RELATED TO THE TERM  N WAS PERFORMED  211. LOCATION 211. LOCATION STREET  - 30 , 19 85 d that in (my) (our) apinion DEGREE ATTENDING PHYSICIAN 122e ADDRESS Calvert-Ar | 200 AUTOPSY?  YES NO RED (ENTER NATURE OF IN)  CITY OR TO THE CONTROL OF IN)  MEDICAL STAIL DIRECTOR PHYSI  UNdel Med | 20b. IF YES IN CERTIFY YES URY IN ITEM IB PA           | COUNTY  | NGS USED S OF DEATH? NO   STATE  that   h (we) lost e couses stated  SIGNED |
| WPORTANT: if fleer, 21 is morked or flem 18 shows ony muny, or offine transfelle, eying  | MEDICAL CERTIFICAT | gove rise to improve to improve to stating underlying couse  PART 2 OTHER SIGN  19a DATE OF OPERAT  21a ACCIDENT WAS UNIT OR CONTRIBUTING CIFETIMER NOTIFY MEDIC  WHILE NOTIFY MEDIC  22a.1 certify that 11) sow the decessed obove, (1) (we) (2)  22b. SIGNATURE  | which nediate g the lost.  INFICANT CO  TION  CAUSE OF DEATH ALEXAMINER)  RED  (this hospital ed glusses and idle (did not))  WAME (TYPE OR P  | DUE TO, O  (b)  DUE TO, O  (c)  NDITIONS CO  19b COND  21b TIME C HOUR A.  P. 21e PLACE (AT HOME STILL  ottended th | ONTRIBUTING TO CONTRIBUTING TO | NCE OF  NCE OF  DEATH BUT  OPERATION  AVY YEAR  19  ARM ETC.) | NOT RELATED TO THE TERM  N WAS PERFORMED  21c HOW INJURY OCCURI  211 LOCATION STREET  211 LOCATION STREET  212 ATTENDING PHYSICIAN  222 ADDRESS                            | ZOO AUTOPSY?  YES NO CITY OR TO  A TO  MEDICAL STA  DIRECTOR PHYSI  | 20b. IF YES IN CERTIFY YES URY IN ITEM IB PA           | COUNTY  | NGS USED S OF DEATH? NO   STATE  that   h (we) lost e couses stated  SIGNED |

DEC 10 W Julio Dicher Tonderto

**DHMH** - 17 (VR A15 ME (5)) STATE OF MARYLAND

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TO FUNERAL DIRECT

DHMH - 16 50M 1/B1 (VRA 15, 4)

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| _ |   | FOR       |  |
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| 1 | - | STATE     |  |
|   |   | DECISTRAD |  |

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH

| 3      | V | end | - 2 | 3 |
|--------|---|-----|-----|---|
| PEG NO |   |     |     |   |

|      |               | REGISTRAR  |                    |                    | CERTIF         | ICATE OF DEATH            | REC                         | . NO.          |           |                  |                     |
|------|---------------|--|--------------------|--------------------|----------------|---------------------------|-----------------------------|----------------|-----------|------------------|---------------------|
|      | I. DE         | CEASED NAME FIRST  |                    | MIDDLE             | ı              | A51                       | 20 DATE OF DEAT             |                | DAY       | YE AR            | 26. HOUR P          |
|      | LIANE         | ORPRINT) Mario   | n                  | 9                  | Do.            | rsey                      |                             | 12             | 4         | 85               | 5:30 M              |
|      | 3. SEX        |  | 4 RACE             |                    | 5. DATE C      | OF BIRTH                  | 6. AGE (IN YEARS LA         | T BIRTHDAY)    |           | DER 1 YEAR       | IF UNDER 24 HRS     |
| -    | F             | emale  | White              |                    | Augus          |                           | 84                          | YR             | MONTE     | S DATS           | HOURS MIN.          |
| 0    | 7a. BII       | RTHPLACE (STATE OR FOREIGN   | 76 CITIZEN OF      | WHAT COUNTRY       | (0 0           |                           | 9 BALTIMORE CIT             |                |           | DEATH            | -                   |
| 1    |               | aryland  | U.S.A.             |                    | WIDOWE         | D NEVER MARRIED X         | Cal                         | rent           |           |                  | MD.                 |
| 63   |               | ITY OR TOWN OF DEATH   | 11. NAME OF        | HOSPITAL, NURS     | ING HOME C     | OR OTHER INSTITUTION      | 12a USUAL OCCUI             |                |           |                  | F BUSINESS OR       |
| 9    | PA            | rince Frederick  |                    | ext House          |                |                           | Secretary                   |                |           | ibustry<br>Iardw | are Co.             |
|      |               | AL RESIDENCE (IF NURSING HOME O  | ROTHER INSTITUTION |                    | DRE ADMISSION) | 13d. INSIDE CITY LIMITS?  | 13e. STREET ADDRE           |                |           |                  |                     |
| J    |               | 100 000  | vert               | Port Re            |                |                           | General                     |                | erv.      | 206              | 76                  |
| ภ    | 14. FA        | ATHER'S NAME   | MIDDLE             | LAST               |                | 15. MOTHER'S MAIDEN NA    |                             |                |           |                  |                     |
| IJ   | Wi            | lliam A. Dorse   |                    | [W2]               |                | Edith Johns               |                             | t              |           | LAS              | T                   |
| 1    | 16a V         | VAS DECEASED EVER IN U.S. AF   | MED FORCES?        | 166. SOCIAL SEC    | URITY NO.      | 17 INFORMANT              | AC                          | DRESS          |           |                  | 4                   |
|      | No            | ) N  | A WAR OR DATES     | 220-09-            | -4867          | William: All              | en Dorsey                   | Jr.            | Same      | as :             | #13 A-E             |
|      |               | 18 CAUSE OF DEATH (Enter of  | nly ane cause per  | r line far (a)     | and (c)        | 2                         |                             |                | V         |                  | MATE INTERVAL       |
|      | 3             | PART I. DEATH WAS CAUSE  | TE CAUSE (a)       | ('a                | nd             | commo                     | many                        | an             | st        | In               | med                 |
|      |               | WWW.ESW  |                    | R AS SONSEO        | UENCE OF       | 0                         | /                           | 1              |           |                  |                     |
|      |               | Canditions, if any, which  | 10,0               | IR AS TECHNOLO     | LANTE          | JoH ozal                  | Frank                       | en O           | 10        | 0                | rears               |
|      |               | gave rise ta immediate   | ) 10)              | -                  | The same       | ug, my                    | 1 and                       | 1              |           | 1                |                     |
|      | _             | cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. |                    |                    |                |                           |                             |                |           |                  |                     |
| V. J |               | PART 2 OTHER SIGNIFICANT   | (c)                | ONTRIBUTING TO     | DEATH BUT      | NOT BELATED TO THE TERM   | Abiai Dissassions           | ONIDITION      | 0.0/51/10 | L DA DT 1        |                     |
|      | Z             | TAME OTTER OTOMITE ATT   | 20110110113        | ON INIBOTING TO    | DEATH BOT      | NOT KEENTED TO THE TERM   | MINAL DISEASE OR C          | CHDITION       | CIAEM III | I PARI I         | 2'                  |
|      | ATB           | THE DATE OF OPERATION  | THE COND           | ITION FOR WHIC     | H OPERATIO     | N WAS PERFORMED           | 18e AUTOPSTT                |                |           |                  | IGS USED            |
|      | CERTIFICATION |  |                    |                    |                |                           | VESTT NO                    | / INCES        | YES [7]   | CAUSES           | OF DEATH?           |
| a d  | CER           | THE ACCEPTAL WAS UNDERLYING  |                    |                    | zanie superio  | 21s HOW INJURY OCCUR      | RED TENTE NATURE OF         | PARLEY IN YEAR | IN PART I | 38798E21         |                     |
|      |               | OR CONTRIBUTING CAUSE OF THE   | The second second  | M MONTH I          | DAY YEAR       |                           |                             |                |           |                  |                     |
|      | MEDICAL       | THE INJURY OCCURRED  | 21e PLACE          | OF INJURY          |                | TH LOCATION               | 200                         |                | ,         |                  | 100000              |
|      | W             | AT WORK   ACT WHILE  | (AT HOME 3D        | HET FACTORS OFFICE | FARM ETC.)     | /14117                    | CHIC                        | 1000           |           | DUNTY            | 15,478              |
|      |               | 22a. I certify that (I) (this hasp   | ital) attended (h  | a deceared from    | /              | 1/23 11 8                 | 5 /                         | 2/4            | 10        | 85               | the second state of |
|      |               | saw the deceased alive ar  | _ 111.             | 25 19              | 7              | hat in (my) (aur) apınian | deoth occurred an th        | e date and     | haur and  |                  | that (I) (we) last  |
|      |               | abave, (1) (we) (did) (did no<br>27b. SIGNATURE                              | at) view the bady  | ofter death        | 00             | DEGREE                    |                             |                |           | 22c DATE         |                     |
|      |               | 9  | 10'                | 7                  |                | ATTENDING                 |                             | TAFF _         |           | 1 O              | 1./-                |
| -    |               | 22d. PHYSICIA LAME (TYPE)  | O DO INITA         | The con            | )              | PHYSICIAN 220 ADDRESS     | DIRECTOR PH                 | (SICIAN [      |           | 131              | 4/85                |
|      |               | 6 00   | C C                | -                  |                | P 50 C O C                | 50                          | 77-            |           | ra.              | 1 1-                |
| -    | 22 0          | FILL   | 22                 | m                  |                | 1 DOX 26                  | 000                         | RINK           | 15 1      | 701              | W, MD               |
|      | 23a B         | BURIAL, CREMATION, REMOVAL (SPECIFY)   | 236. DATE          |                    |                | EMETERY OR CREMATORY      | 23d LOCATION<br>CITY OR TOW |                | cou       | INTY             | STATE               |
|      |               | Burial   | 12-07-             | 1985               | St. Par        | ls Episcopal              | Prince F                    |                |           | Cal              |                     |
|      |               | JNERAL DIRECTOR Dona   | Ld V. Bo           | rewardt            | 16.64          | 250 DA                    | LE-REC D BY REGISTI         | AR 25b REC     | ISTRAR    | SIGNAT           | URE                 |
|      | Rt            | .264, Box 34B,   | Port, Re           | public,            | Maryla         | nd 20676 -                |                             | da             | -         | 14604            | Alaskan             |

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| FOR                                |  | DEP   |                       |                | ARYLAND<br>AND MENTAL HYG      | IENE .                         | to the            | 3           | 15               | -2                    | . )       |
|------------------------------------|--|---|-----------------------|----------------|--------------------------------|--------------------------------|-------------------|-------------|------------------|-----------------------|-----------|
|                                    | Vic. #1  |   | AL EXAMI              |                |                                | EATH                           | REG. NO.          | 8           |                  | 13                    | 1         |
| 1. DECEASED NAM<br>(TYPE OR PRINT) | AE FIRST   | M-ID  | DLE                   | i              | AST                            | 2a DATE<br>OF                  | KNOWN X           | MONTH       | DAY              | YEAR                  | 2b HC     |
|                                    | Denise   | Mar   |                       | Eva            |                                |                                | MATED [           | 12/         | /22/1            |                       |           |
| SEX                                | 4. RACE  |   | YEAR LAST BIRTH       | YEARS IF UNI   | DER 1 YR. IF UNDER 24 F        | PRONOUN                        | ICED              | MONTH       | DAY              | YEAR                  | 24 HC     |
| Female                             | White  |   | 74/1 70               | YRS.           |                                | DEAD                           |                   | 12/         | /22/1            |                       | P         |
| 70 BIRTHPLACE FOREIGN COUNTRY      |  | 76. CITIZEN OF WHAT                             | COUNTRY?              |                | D NEVER MARRIED                | (M)                            | ORE CITY OR       |             | Y OF DE          | ATH                   |           |
| Maryland                           |  | U.S.A.  |                       | WIDOW          |                                |                                | ert Cou           |             |                  | 0.05.0                |           |
| O CITY OR TOWN                     | OFDEATH  | 11. NAME OF HOSPITA<br>(IF NOT IN SUCH FACILITY |                       |                |                                | USUAL OCCUP<br>FOR MOST OF WOR |                   | OF WORK     | 12b KINI<br>OR I | D OF BU               |           |
|                                    | 'rederick  |   | (farm h               |                | 5                              | tudent                         |                   |             |                  |                       |           |
| 30. STATE                          | (IF IN NURSING HOME O                                      |   | CITY OR TOWN          |                | 13d. INSIDE CITY LIMITS?   13e | STREET ADDRE                   | SS                |             |                  |                       |           |
| Maryland                           | Calve  | ert P   | rince Fro             | ederid         | Kyes 🗆 NO 💢 7                  | 5 Terra                        | ce Driv           | e, 2        | .0678            | 3                     |           |
| 14. FATHER'S NAM                   | E  | MIDDLE  | LAST                  |                | 15. MOTHER'S MAIDEN N          | AME                            | IDDLÉ             |             | LA               | AST                   |           |
| Jerry Hu                           |  |   |                       |                | Sharon Elai                    | ne True                        |                   |             |                  |                       | 20.1      |
| YES, NO, OR UNKN                   | ED EVER IN U.S. ARA  |   | b. SOCIAL SECUR       | ITY NO.        | 17. INFORMANT                  |                                | ADDRESS           |             |                  |                       |           |
| No                                 | N/A  |   | N/A                   | 150            | Jerry H. Ev                    | rans, Sa                       | me As             | # 13        | A-E              |                       | -         |
|                                    | OF DEATH (Enter onle                                       | y ane cause per line far (                      | a), (b), and (c).)    |                |                                |                                |                   |             |                  | ROXIMATE<br>EN ONSET  |           |
| 7 89                               | 10 2 IMMEDIAT  | DUE TO, OR AS A                                 | CONSEQUENCE           |                | e Inhalation                   |                                | - 1               |             |                  |                       |           |
| gave<br>cause (                    | rise to immediate  a) stating the <u>under-</u> ruse last. | (b)DUE TO, OR AS A                              | CONSEQUENCE           | OF             |                                |                                |                   |             | -                |                       |           |
|                                    | 036 1031.  | (c)   |                       |                |                                |                                |                   |             |                  |                       |           |
|                                    | SIGNIFICANT CONDITIONS                                     | CONTRIBUTING TO DEATH BUT N                     | OT RELATED TO THE TEL | RMINAL DISEASE | OR CONDITION GIVEN IN PART 1   | 0 .                            |                   |             |                  |                       |           |
| NO                                 |  |   |                       |                |                                |                                |                   |             |                  |                       |           |
| 190. DATE C                        | FOPERATION   | 196. CONDITION                                  | FOR WHICH OPE         | ERATION WA     | S PERFORMED?                   | 1 38                           | 7                 |             | PAF              | ITOPSY<br>RTIA<br>s X | L<br>No [ |
| 21a. EXTERN                        | AL CAUSE WAS   | 216. TIME OF INJ                                | URY<br>ONTH DAY YEA   | 21c HO         | W INJURY OCCURRED LE           | NTER NATURE OF INJ             | URY IN ITEM 18 PA | RT 1 OR PAR | RT 2]            |                       |           |
| UNDERLY IN<br>CONTRIBUT            | G XJ OR<br>ING CAUSE OF D                                  |   | 12/224                |                | bject in hou                   | sefire                         |                   |             |                  |                       |           |
| ALI .                              | OCCURRED   | 21e PLACE OF IN                                 | JURY (AT HOME,        | 21f. LOC       | ATTON                          |                                |                   |             |                  |                       |           |
| WHILE<br>AT WORK                   | NOT WHILE X  |   | house                 | Rt.            | 231 -                          | Prince                         |                   |             | YINU<br>Co. I    |                       | STA       |
|                                    |  | e af the remains describe                       |                       |                |                                |                                |                   |             |                  | ver                   | +, 1      |
| death resu                         |  |   | 77                    | Spicide .      |                                | Inquiry                        |                   | in my ap    | inian            |                       |           |
| ACTUAL                             |  | X   | ~                     | , M.           | TITLE (SPECIFY)  Assistant     | MÉDICAL EYAM                   | INFR              | DATE        | n 12             | 2/23                  | /85       |
| EXAMINER'                          | NAME   | gory R. Kau                                     | ffman M               |                |                                | Penn St                        | Tell              | 313145      |                  |                       |           |

236. NAME OF CEMETERY OR CREMATORY

12/26/1985 Southern Mem. Gardens

264. Box 34B, Port Republic, Maryland 20676 BL 3.4

Dunkirk, Calvert, Maryland

AFTER BALTIA 07/84 25M **DHMH** - 17 (VR A15 ME (5))

236 BURIAL, CREMATION, REMOVAL 236. DATE (SPECHY) Burial 12/2

24 FUNERAL DIRECTOR

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#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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|     |      | End ! |       | 3    | Į.  |
| ,   | F 2) |       | may a |      | 100 |

|        |       |       |       |        | 3     | J ~ |
|--------|-------|-------|-------|--------|-------|-----|
| EDICAL | EXAMI | NER'S | CERTI | FICATE | OF DE | ATH |

| GISTRAR  | Vic.   | #2    |              | MED         | ICAL   | EVAMILLE | 3 CEKTIFI | CATE OF DEA     | AIII    | REG. N      | 10.   |     |
|----------|--------|-------|--------------|-------------|--------|----------|-----------|-----------------|---------|-------------|-------|-----|
| ASED NAM | E      | FIRST |              |             | WIDDLE |          | LAST      |                 | 20 DATE | KNOWN ESTI- | MONTH | 1   |
|          | Sh     | nawn  |              | Jan         | les    |          | Evans     |                 | DEATH   | MATED       | 12    | 2/2 |
|          | 4 RACE | -     | 5. DATE OF B | IRTH<br>DAY | YEAR   |          |           | IF UNDER 24 HRS |         |             | HINOM |     |

**DHMH - 17** (VR A15 ME (5))

| Н | (TYPE          | OR PRINT)      | C1.                                   | -                     |              |                                    |             |              |              |           | OF ESTI-                                 | 1001 00                      | 120 11001 |
|---|----------------|----------------|---------------------------------------|-----------------------|--------------|------------------------------------|-------------|--------------|--------------|-----------|--|------------------------------|-----------|
| 4 |                |                | Shawn                                 |                       | mes          |                                    |             | vans         |              |           | DEATH MATED 12                           | /22/19 85                    |           |
| 4 | 3. SEX         |                | 4 RACE                                | 5. DATE OF BIRTH      | YEAR         | 6. AGE (IN YEARS<br>LAST BIRTHDAY) |             |              | IF UNDER     | R 24 HRS  | PRONOUNCED MONTH                         | DAT TEAR                     | 8:40      |
| J | Ma.            | le             | White                                 | Feb. 21,              | 1971         | 14 YRS.                            |             |              |              |           | DEAD 12                                  | /22/19 85                    | AA        |
| A |                | RTHPLACE (5    | TATE OR                               | 76 CITIZEN OF WI      | HAT COUN     | TRY? 8.                            | MARRIEI     | D NE         | VER MARR     | IED XX    | 9. BALTIMORE CITY OR COUNT               | Y OF DEATH                   | 1         |
| 4 | Tan.           | rvland         |                                       | U.S.A.                |              | \                                  | VIDOWE      | D [          |              | ED O      | Calvert County                           | y,                           | MI        |
| / | IO. CIT        | Y OR TOWN      | OF DEATH                              | 11 NAME OF HOS        |              |                                    | OR OTHER    | RINSTITU     | TION         |           | UAL OCCUPATION (TYPE OF WORK             | 12b. KIND OF BU<br>OR INDUST |           |
| И | P              | rince          | Frederick                             | (IF NOT IN SUCH FA    | 31           | REET ADDRESS)                      |             |              |              | Stu       | most of working life) dent               | OK IIADOSTI                  | (1        |
| 1 | SUA<br>Ila, ST |                | (IF IN NURSING HOME O                 |                       |              | BEFORE ADMISSION                   |             | 24 1910100 0 | TYN I MAITCA | lia. crr  | DEET ADDRESS                             |                              |           |
| 2 | 100            | ryland         | Calv                                  |                       |              | ce Fred                            | eric        | KES [        | NOXEX        | 75        | Terrace Drive,                           | 20678                        |           |
| 1 | II FA          | THER'S NAMI    | E                                     | WIDDLE                |              | LAST                               | 1           | 6            | ER'S MAID    |           | ALIDDLE.                                 | LAST                         | 1000      |
| / | e              | rry Hu         | gh Evans                              |                       |              |                                    |             | Sha          | ron E        | lain      | e True                                   |                              |           |
| 1 |                | AS DECEASE     | DEVER IN U.S. ARA                     | AED FORCES?           | 16b. SOC     | IAL SECURITY N                     | 10.         | 7. INFOR     |              |           | ADDRESS                                  |                              |           |
|   | No             |                | N/                                    | A                     |              | N/A                                | -           | Jer          | ry H.        | Eva       | ns, Same as #13                          | A-E                          |           |
|   |                | 18 CAUSE C     | F DEATH (Enter anl                    | y one cause per line  | for (a), (b) | and (c).)                          |             |              |              |           |  | APPROXIMATE<br>BETWEEN ONSET |           |
|   | 7              | PARTIDE        | EATH WAS CAUSED                       | BY:<br>E CAUSE (o)    |              | Sm                                 | oke         | Inha         | latio        | n         |  | BETWEEN ONSE                 | AND DEATH |
|   |                | 896            | 2                                     |                       | AS A CON     | SEQUENCE OF                        |             |              |              |           |  |                              |           |
|   |                |                | ns, if ony, which                     |                       |              |                                    |             |              |              |           |  |                              |           |
|   |                |                | ise to immediate ) stating the under- | DUE TO OR             | AS A CON     | SEQUENCE OF                        | 48.         |              |              |           |  |                              |           |
| * |                | lying coi      | use last.                             |                       |              | 010021102 01                       |             |              |              |           |  | 1 127                        |           |
|   |                | PART 2 OTHER S | IGNIFICANT CONDITIONS (               | CONTRIBUTING TO DEATH | BUT NOT RELA | ISO TO THE TERMINA                 | I DISEASE O | 19 CONDITIO  | N CIVEN IN D | APT 1 int |  |                              |           |
|   | N              |                |                                       |                       | DOT HOT KEEN | TEO TO THE TERMINA                 | E DISERSE E | A COMBINIO   | N OITEN IN T | ART T 102 |  |                              |           |
|   | ATI            | 19e. DATE OF   | OPERATION                             | 196 CONDI             | ION FOR V    | WHICH OPERAT                       | ION WA      | S PERFOR     | RMED?        |           |  | 2D AUTOPSY                   | >         |
|   | CERTIFICATION  |                |                                       |                       |              |                                    |             |              |              |           |  | PARTIA                       | L NO [    |
|   | E              |                | AL CAUSE WAS                          | 216 TIME OF           |              | DAY YEAR                           | 21c. HO     | W INJURY     | OCCURR       | ED (ENTER | NATURE OF INJURY IN ITEM 18 PART 1 OR PA | RT 2)                        |           |
| 9 |                | UNDERLYING     | ING CAUSE OF D                        |                       |              |                                    | CII         | hier         | t in         | house     | efire                                    |                              |           |
| 3 | 144            | 21d. INJURY    |                                       | 21e PLACE             | OF INJURY    | (AT HOME,                          | 21f. LOC    | ATION        | - 111        | HOUS      |  | 34,300                       |           |
|   | ×              | WHILE T        | NOT WHILE                             |                       | rm ho        |                                    | Rt.         |              | Dri          | ngo       | Frederick, Calve                         | ert. Md.                     | STATE     |
| 1 | 2.1            |                |                                       |                       |              |                                    |             |              |              |           |  |                              |           |
|   |                |                | ify that I took charge                |                       |              |                                    |             | 4.5          | Inspection   |           | Inquiry , ond in my ap                   | inion                        |           |
|   |                | death result   | ted from: Natur                       | al couses .           | Accident     | Suici                              | de 🔲,       | Hami         |              | Unde      | termined monner,                         |                              |           |
|   |                | ACTUAL         |                                       |                       |              |                                    |             | (-           | PECIFY)      |           | DATE                                     | 70/00                        | 105       |
| 7 |                | SIGNATURE      |                                       | 1                     |              | -                                  | M.D         | ASS          | <u>ıstan</u> | T_MED     | DICAL EXAMINER SIGNE                     | 12/23                        | /85       |
| 1 |                | EXAMINER'S     | NAME ~                                |                       | L            |                                    |             |              |              |           |  |                              |           |
|   |                | (TYPE OR PRI   |                                       | gory R. K             |              |                                    |             |              |              |           | nn St.                                   |                              |           |
|   | (5)            | PECIFY)        | TION, REMOVAL 2                       |                       |              | AME OF CEME                        |             |              |              | CITY      | OCATION<br>ORTOWN COU                    |                              | ATE       |
|   |                | Burial         |                                       | 2/26/198              |              | thern l                            | lem.        | Gard         | ens          | Dun       | kirk, Calvert,                           | Maryland                     |           |
|   | 24. FU         | NAME NAME      | CTOR Donald                           | I V. Borg             | wardt        |                                    |             |              | DATE OF      | REC'D. B  | Y REGISTRAR 256 REGISTRAR'S S            |                              |           |
|   | Rt.            | . 264,         | Box 34B,                              | Port Rep              | ublic        | , Maryl                            | and         | 2067         | PIE C        | 0.4       | 1985 Julia Varido                        | March or                     | 2         |

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### FOR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 3 4 5 4 2

|                       | REGISTRAR  |  | MED  | DICALE        | EXAMINE            | R'S CERT   | IFICATE O                                      | F DEATH         | REC       | G. NO.        |                          |                           |
|-----------------------|--|--|--|---------------|--------------------|------------|--|-----------------|-----------|---------------|--------------------------|---------------------------|
| (1)                   | ECEASED NA   | ME FIRST                                   |  | WIDDLE        |                    | LAST       |  | 20 D/           | TE KNOW   | N X MONTH     | H DAY YEAR               | 76 HOUR                   |
| W. PRESTON STREET,    |  | Stac                                       | ie J   | Jo            |                    | Herch      |  | DE              | ATH MATE  | 1:            | 2 4 19 85                | M                         |
|                       | emale  | white                                      | May 17   | 64ª           | AGE (IN YEARS      | MONTHS DA  |  | MIN. PRON       | OUNCED    | MONTH         | 2 4 19 85                | 8:30E                     |
|                       | OREIGN COUNTR<br>ashing  |  | 76. CITIZEN OF WH  | AT COUN       |                    | MARRIED X  | NEVER MARRI                                    | IED []          |           | rt Cou        | nty of DEATH             | MD                        |
| 7 E                   |  | Frederick                                  |  | Mem           | orial H            | ospital    |  | 12a USUAL O     |           | (TYPE OF WORK | vholesa                  | JSINESS<br>RY             |
|                       | at RESIDENC<br>STATE<br><b>arylan</b>  |  | or other institution given the control of the contr |               | or town<br>ingtown |            | SIDE CITY LIMITS?                              | 13e STREET AL   | ons Is    | sland H       | Rd. 20639                | )                         |
| 14. F                 | Röbe:  |  | Tücker   | Bow           | ven                |            | other's maide<br>First<br>JoAn:                |                 | MIDDLE    | I             | Burton                   |                           |
| 16a                   | WAS DECEAS<br>YES, NO, OR UNK<br>NO  | SED EVER IN U.S. AR<br>NOWN) (IF YES, GIVE | MED FORCES?<br>WAR OR DATES)   | 100           | 70 5736            |            | seph He  | rche s          |           | #13           |                          |                           |
|                       |  | DEATH WALLS CALLED                         | lly ane cause per line (<br>D BY:<br>TE CAUSE (a) Mu]  |               |                    |            |  |                 |           |               | APPROXIMATE BETWEEN ONSE | E INTERVAL<br>T AND DEATH |
| NOI                   | gave rise to immediate cause (b)  DUE TO, OR AS A CONSEQUENCE OF  Lying cause lost.  (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (d) |  |  |               |                    |            |  |                 |           |               |                          |                           |
| J FA                  | 19a DATE   | OF OPERATION                               | 19b. CONDITI   | ION FOR V     | WHICH OPERA        | ION WAS PE | RFORMED?                                       |                 |           |               | 20 AUTOPSY               |                           |
| MEDICAL CERTIFICATION |  | NAL CAUSE WAS                              | 216. TIME OF HOUR XXXX   |               | DAY YEAR<br>419 85 |            | JURY OCCURRE                                   |                 |           |               |                          | но 🗌                      |
| MEDI                  |  | OCCURRED  NOT WHILE X  AT WORK             | X 21e PLACE O<br>STREET, FACTO   | DRY, FARM, ET |                    | Rt 4 8     | Brisco   |                 | R TOWN    | c             | Calvert                  | STATE MD.                 |
|                       |  | ulted fram: Natu                           | ge of the remains desc   | Accident      |                    | TIT        | Inspection  Hamicide   TLE (SPECIFY)  SSISTANT | Undetermine     |           | and in my o   | apinion E NED12/6/5      | 85                        |
|                       | EXAMINER<br>(TYPE OR P   | RINT) GI                                   | egory R. k   |               |                    | D. ADDRI   | ESS_111 F                                      | Penn St.        | Bal.      |               |                          |                           |
|                       | bi   | ation, removal                             | Dec 8 1985   |               | • Harmo            |            | metery   |                 | ings      |               | rt Maryla                | n <b>f</b>                |
| 24                    | FUNERAL DIR  |  | al Home Ow:  | ings          | Marylan            | ıd         | OFC.   | REC'D. BY REGIS | STRAR 256 | REGISTRAR'S   | SIGNATURE                |                           |

DEC 1 V DE gite timber Porter

I in by the funeral director, page 3 be (Med withfin 72 hours after death

### FOR STATE

### STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

|                       | REGISTRAR  |  |  |  |  | ICATE OF DEATH  | REG. N   | 10.  |  |  |
|-----------------------|--|--|--|--|--|---|--|--|--|--|
|                       | CEASED NAME  | FIRST  |  | WIDDLE   | L/   | AST .   | 20 DATE OF DEATH   | MONTH  | DAY YEAR                                       | 26 HOUR  |
| (14PE                 | JC JC  | hn   |  | Arthur   | F  | HUNTER  | December   | 31,  | 1985   | 6:45   |
| 3. SEX                | X  |  | 4. RACE  |  | 5. DATE O  |   | 6. AGE (IN YEARS LAST BI   | RTHDAY)  | IF UNDER 1 YE                                  |  |
| 1                     | Male   |  | White  | 3007   | Feb  | -1  | 77   | YRS.   | MONTHS DAT                                     | S HOURS  |
|                       | RTHPLACE I STATE OF  | OREIGN   | 76. CITIZEN OF   | WHAT COUNTRY   | ? 8  | NEVER MARRIED   | 9. BALTIMORE CITY  | OR COUNT   | Y OF DEATH                                     |  |
| Ma                    | ssachusett   | s  | USA  |  | WIDOWE   |   | Calvert  | Coun   | ty   |  |
|                       | TY OR TOWN OF DEA  |  |  | HOSPITAL, NURSI  |  | R OTHER INSTITUTION   | 12a USUAL OCCUPAT  |  |  | OF BUSINES   |
| Pri                   | ince Fred  | lerid  | k Cal  | vert Me  | emoria   | al Hospital   | engineer   | OF TOURNIE   |  | struct   |
|                       | AL RESIDENCE (IF NURS  | 13b. COUN  |  | GIVE RESIDENCE BEFO  |  | 13d. INSIDE CITY LIMITS?  | 13e STREET ADDRESS   | / 7IP COI  | )E   |  |
| M                     | arvland  | Calv   |  | Barstow  |  | YES NO K  | rural/ gen   | neral  | delive   | ery 206  |
| 14 FA                 | ATHER'S NAME   |  | AIDDLE   | LAST   |  | 15. MOTHER'S MAIDEN NA  |  | A  |  | LAST   |
| 1                     | George   |  | NIDDEE   | Hunter   |  | unk   | MIDDLE   |  |  | (AS)   |
| 16a V                 | WAS DECEASED EVER  |  |  | 166 SOCIAL SEC   | URITY NO.  | 17. INFORMANT   | ADDR   | RESS   |  | 100  |
|                       | YES, NO OR UNKNOWN)  |  | a war or dates)  | 019 07   | 3664   | Helen S. Hun  | ter same   | as #1  | 3  |  |
|                       | 18 CAUSE OF DEAT   |  |  | r line farms, (b), a   | ind (c). I   | _ 1   |  |  |  | OXIMATE INTERVA  |
|                       | PART I. DEATH W  | AS CAUSE   | BY:<br>E CAUSE (a)   | .//.   | piral  | nu Arrel  |  |  | 11   | 1) uni   |
|                       |  |  |  |  | No. of Contract of |   | n  |  |  |  |
|                       | The second of th |  | DIVE TO O  |  |  |   |  |  |  |  |
|                       |  |  | DUE TO, C  | RAS A CONSECU  | JENCE OF   | + #-  | 11: - 2  |  | -  | 1001   |
|                       | Canditians, if any,  |  | DUE TO, C  | RAS A CONSECU  | JENCE OF   | peratory in   | efficiency 2   | poreu  | nem  | 48 hr  |
|                       | Canditians, if any,<br>gave rise to imp<br>cause (a), statin   | nediate  | (b)_   | Acut   | enes   | spiratry in   | ufficiency 2   | poreu  | nen  | 48 hr  |
|                       | gave rise to imr   | nediate<br>ig the  | (b)_   | RAS A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTI | enes   | pustry in   | efficiency 2   | pireu  | nen  | 48 hr  |
|                       | gave rise to imm<br>cause (a), statin<br>underlying cause  | nediate<br>ig the<br>last  | (b)  | R AS A CONSECU   | JENCE OF   | pustry in   | Mal Disease OR COM   | PINE   | IVEN IN PART                                   | 48 h   |
| NO                    | gave rise to imm<br>cause (a), statin<br>underlying cause  | nediate<br>ig the<br>last  | (b)  | R AS A CONSECU   | JENCE OF   | purally in a not related to the term as a ladium  | Mal DISEASE OR COM   | PINE   | IVEN IN PART                                   | 48 h   |
| ATION                 | gave rise to imm<br>cause (a), statin<br>underlying cause  | nediate<br>ig the<br>last<br>NIFICANT C  | DUE TO, CO   | ACUT<br>ON AS A CONSECU-<br>ON TRIBUTING TO<br>ONLUM   | JENCE OF DEATH BUT   | 1   | INAL DISEASE OR COM  | 20b. IF Y  | ES, WERE FIN                                   | DINGS USED   |
| IFICATION             | gave rise to immorate cause (a), stating underlying cause  PART 2 OTHER SIGN   | nediate<br>ig the<br>last<br>NIFICANT C  | DUE TO, CO   | ACUT<br>ON AS A CONSECU-<br>ON TRIBUTING TO<br>ONLUM   | JENCE OF DEATH BUT   | aspiration  | 20a AUTOPSY?   | 20b. IF Y  | ES, WERE FIN                                   | DINGS USED   |
| ERTIFICATION          | gave rise to immediate to cause (a), stating underlying cause PART 2 OTHER SIGN 19a DATE OF OPERA  | nediate ig the last  NIFICANT C  | DUE TO, O<br>(c)<br>ONDITIONS C  | ONTRIBUTING TO   | JENCE OF DEATH BUT   | aspiration<br>N WAS PERFORMED   | 20a AUTOPSY?  YES NO X   | 20b. IF Y  | ES, WERE FIN<br>IFYING CAUS                    | DINGS USED<br>ES OF DEATH                                      |
| CERTIF                | gave rise to immorate cause (a), stating underlying cause  PART 2 OTHER SIGN   | nediate g the last  NIFICANT C  TION  DERLYING   | DUE TO, CO  ONDITIONS CO  196. COND  216. TIME C   | ONTRIBUTING TO   | JENCE OF   | aspiration  | 20a AUTOPSY?  YES NO X   | 20b. IF Y  | ES, WERE FIN<br>IFYING CAUS                    | DINGS USED<br>ES OF DEATH                                      |
| CERTIF                | gave rise to immercause (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MED)  | NIFICANT C   | DUE TO, CO  (c)  ONDITIONS C  19b. COND  21b. TIME C  HOUR A   | PR AS A CONSECULAR AS A CONSECULAR AS A CONSECULAR ON TRIBUTION FOR WHICH AS A CONSECULAR AS A | JENCE OF   | Aspiration N WAS PERFORMED  216. HOW INJURY OCCUR!  | 20a AUTOPSY?  YES NO X   | 20b. IF Y  | ES, WERE FIN<br>IFYING CAUS                    | DINGS USED<br>ES OF DEATH                                      |
| CERTIF                | gave rise to immercause (a), softing underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNIT OR CONTRIBUTING [1] (IF EITHER NOTRY MEDI  21d, INJURY OCCUR!  | NIFICANT C  OPERLYING CAUSE OF DEA' CAL EXAMINER)  | DUE TO, CO  ONDITIONS C  19b. COND  19b. COND  A P  21b. PLACE   | ONTRIBUTING TO   | JENCE OF DEATH BUT POPERATION OPERATION 19   | aspiration<br>N WAS PERFORMED   | 20a AUTOPSY?  YES NO X   | 20b. IF Y<br>IN CERT<br>V                            | ES, WERE FIN<br>IFYING CAUS                    | DINGS USED<br>ES OF DEATH                                      |
| MEDICAL CERTIFICATION | gave rise to immercause (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTIFY MED)  | DERLYING CAUSE OF DEAL CALEXAMINER)  | DUE TO, CO  ONDITIONS C  19b. COND  19b. COND  A P  21b. PLACE   | PR AS A CONSECULAR AS A CONSECULAR AS A CONSECULAR ON TRIBUTION FOR WHICH AS A CONSECULAR AS A | JENCE OF DEATH BUT POPERATION OPERATION 19   | WAS PERFORMED  216. HOW INJURY OCCUR!   | 200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJURE)   | 20b. IF Y<br>IN CERT<br>V                            | ES, WERE FIN<br>IFYING CAUS<br>(ES             | DINGS USED<br>LES OF DEATH<br>NO                               |
| CERTIF                | gave rise to immediate to immediate to stating and the state of the st | NIFICANT C  NIFICANT C  NIFICANT C  CAUSE OF DEA: CALEXAMINER) RED  HILE RK  | DUE TO, CO  CO  ONDITIONS C  19b. COND  19b. | ONTRIBUTING TO  OF INJURY  OF INJURY  REET, FACTORY, OFFICE  | JENCE OF JENCE OF THE PART OF  | WAS PERFORMED  216. HOW INJURY OCCUR!   | 200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJURE)   | 20b. IF Y<br>IN CERT<br>V                            | ES, WERE FIN. IFYING CAUS IES PART I OR PART ! | DINGS USED<br>LES OF DEATH<br>NO                               |
| CERTIF                | gave rise to immercause (a), softing underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MED)  21d. INJURY OCCUR! WHILE NOTHY MED) 21d. INJURY OCCUR! WHILE NOTHY MED) 22a.1 certify that (#) sow the decease   | DERLYING CAUSE OF DEAL CALEXAMINER) RED (this haspited alive an alive and alive an alive an alive and alive an alive and alive an alive and alive an alive an alive and alive an alive an alive and alive an alive and alive an alive and alive an alive and alive an alive an alive and alive an alive an alive and alive an alive analysis and alive an alive and alive an alive and alive an alive and alive an alive analysis and alive analysis analysis and alive analysis and alive analysis and alive analysis analysis and alive analysis and alive analysis and alive analysis analysis and alive analysis and alive analysis analysis and ali | DUE TO, CO  (c)  ONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A P  21e PLACE (AT HOME ST  | ONTRIBUTING TO   | DENCE OF THE PROPERTY OF THE P | 21c. HOW INJURY OCCURE 21f LOCATION STREET  | 200 AUTOPSY?  YES NO ENTER NATURE OF INJURE  CITY OR TO  | 20b. IF Y<br>IN CERT<br>UNITEM 18                    | ES, WERE FIN<br>IFYING CAUS<br>(ES             | DINGS USED LES OF DEATH NO (X)                                 |
| CERTIF                | gave rise to immediate to immediate to stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING 10: IF EITHER NOTIFY MEDI  21d. INJURY OCCUR.  WHILE NOTIFY MEDI  22a. I certify that (% at wo 22a. I certify that (% as we the decease obove, (6) (we)); (6) (we); (6) (we);  | DERLYING CAUSE OF DEAL CALEXAMINER) RED (this haspited alive an alive and alive an alive an alive and alive an alive and alive an alive and alive an alive an alive and alive an alive an alive and alive an alive and alive an alive and alive an alive and alive an alive an alive and alive an alive an alive and alive an alive analysis and alive an alive and alive an alive and alive an alive and alive an alive analysis and alive analysis analysis and alive analysis and alive analysis and alive analysis analysis and alive analysis and alive analysis and alive analysis analysis and alive analysis and alive analysis analysis and ali | DUE TO, CO  (c)  ONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A P  21e PLACE (AT HOME ST  | ONTRIBUTING TO   | DEATH BUT  DAY YEAR  19  FARM. ETC.)   | 21c. HOW INJURY OCCUR!  21f LOCATION STREET  20 19 8 Sed that in (Sy) (aur) apinion   | 200 AUTOPSY?  YES NO ENTER NATURE OF INJURE  CITY OR TO  | 20b. IF Y<br>IN CERT<br>UNITEM 18                    | ES, WERE FIN<br>IFYING CAUS<br>(ES             | DINGS USED LES OF DEATH NO ) STA                               |
| CERTIF                | gave rise to immercause (a), softing underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER NOTHY MED)  21d. INJURY OCCUR! WHILE NOTHY MED) 21d. INJURY OCCUR! WHILE NOTHY MED) 22a.1 certify that (#) sow the decease   | DERLYING CAUSE OF DEAL CALEXAMINER) RED (this haspited alive an alive and alive an alive an alive and alive an alive and alive an alive and alive an alive an alive and alive an alive an alive and alive an alive and alive an alive and alive an alive and alive an alive an alive and alive an alive an alive and alive an alive analysis and alive an alive and alive an alive and alive an alive and alive an alive analysis and alive analysis analysis and alive analysis and alive analysis and alive analysis analysis and alive analysis and alive analysis and alive analysis analysis and alive analysis and alive analysis analysis and ali | DUE TO, CO  (c)  ONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A P  21e PLACE (AT HOME ST  | ONTRIBUTING TO   | DEATH BUT  DAY YEAR  19  FARM. ETC.)   | 21c. HOW INJURY OCCUR!  21t LOCATION STREET  20 19 8 3 d that in (57) (aur) apinion   | 200 AUTOPSY?  YES NO.  | 206. IF Y<br>IN CERT<br>URY IN ITEM 18               | ES, WERE FIN<br>IFYING CAUS<br>(ES             | DINGS USED LES OF DEATH NO (X)                                 |
| CERTIF                | gave rise to immercause (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING [IF EITHER NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOTIFY MEDI 22a.1 certify that (#) saw the decease obove, (#) (we) (a)   | TION  DERLYING CAUSE OF DEA CALEXAMINER)  RED  (this haspited alive an add)  | DUE TO, CO  (c)  ONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A P 21e PLACE (AT HOME ST  al) attended th  | ONTRIBUTING TO   | DEATH BUT  DAY YEAR  19  FARM. ETC.)   | 216. HOW INJURY OCCURI  | 200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJI  CITY OR TO  The American of the company of th | 20b. IF Y IN CERT IN CERT IN URY IN ITEM 18          | ES, WERE FIN<br>IFYING CAUS<br>(ES             | DINGS USED LES OF DEATH NO ) STA                               |
| CERTIF                | gave rise to immediate to immediate to stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIOR CONTRIBUTING 10: IF EITHER NOTIFY MEDI  21d. INJURY OCCUR.  WHILE NOTIFY MEDI  22a. I certify that (% at wo 22a. I certify that (% as we the decease obove, (6) (we)); (6) (we); (6) (we);  | TION  DERLYING CAUSE OF DEA CALEXAMINER)  RED  (this haspited alive an add)  | DUE TO, CO  (c)  ONDITIONS C  19b. COND  19b. COND  21b. TIME C HOUR A P 21e PLACE (AT HOME ST  al) attended th  | ONTRIBUTING TO   | DEATH BUT  DAY YEAR  19  FARM. ETC.)   | 21c. HOW INJURY OCCURS 21f LOCATION STREET  20 19 8 S d that in (57) (aur) apinion of the company of the compan    | 200 AUTOPSY?  YES NO X  RED (ENTER NATURE OF INJI  CITY OR TO  The American of the company of th | 20b. IF Y IN CERT IN CERT IN URY IN ITEM 18          | ES, WERE FIN<br>IFYING CAUS<br>(ES             | DINGS USED LES OF DEATH NO ) STA                               |
| CERTIF                | gave rise to immercause (a), stating underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNIT OR CONTRIBUTING [IF EITHER NOTIFY MEDI 21d. INJURY OCCUR! WHILE NOTIFY MEDI 22a.1 certify that (#) saw the decease obove, (#) (we) (a)   | DERLYING CAUSE OF DEACAL EXAMINER;  (this haspited alive an addid) to the state of  | DUE TO, CO  (c)  ONDITIONS C  196. COND  196 | OF INJURY REEL FACTORY, OFFICE  deceased from 3  of the deceased from 3  of the deceased from 3  of the deceased from 3  | DEATH BUT  DAY YEAR  19  FARM. ETC.)   | 216. HOW INJURY OCCURI  | 200 AUTOPSY?  YES NO!  NO!  RED (ENTER NATURE OF INJIE  CITY OR TO  The Local Accounted on the company of the c | 20b. IF Y IN CERT YOURY IN ITEM 18                   | COUNTY  19 220. DA                             | DINGS USED LES OF DEATH NO ) STA                               |
| MEDICAL CERTIF        | gove rise to immercause (a), softim underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF EITHER NOTEY MED)  21d. INJURY OCCUR!  WHILE NOTEY MED)  22d. I certify that (% saw the decease above, (A) (we) (a)  22d. PHYSIC MAN'S NI  ROBERT SEBURIAL, CREMATION,  | DERLYING CALEAMINER) RED OTHER CALEAMINER CALEAMINER RED OTHER CALEAMINER OTHER CALEAMINER RED OTHER CALEAMINER OTHER CALEAMI | DUE TO, CO  (c)  ONDITIONS C  196. COND  196 | OF INJURY REET, FACTORY, OFFICE and deceased from 19- or office deceased from 19- or o | DENCE OF DEATH BUT PARAMETED DAY YEAR 19  JEARM. ETC.)  J. C.  | 21c. HOW INJURY OCCURI<br>21f. LOCATION<br>STREET  20 , 19 8 3  d that in (Sy) (aur) apinion of the company of the | 200 AUTOPSY?  YES NOTE  NOTE  CITY OR TO  TO 12-3  death accurred an the company of the company  | 20b. IF Y IN CERT YOURY IN ITEM 18                   | COUNTY  19 220. DA                             | STA  , that the (we he causes state  TE SIGNED                 |
| MEDICAL CERTIF        | gave rise to immediate to storing cause (a), softing underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION CONTRIBUTING (IF ETHER NOTIFY MEDI 21d. INJURY OCCUR! AT WORK NAT WO | DERLYING CALEAMINER) RED OTHER CALEAMINER CALEAMINER RED OTHER CALEAMINER OTHER CALEAMINER RED OTHER CALEAMINER OTHER CALEAMI | DUE TO, CO  CO  CO  DONDITIONS CO  19b. COND  19b. COND | ONTRIBUTING TO ONTRIBUTING TO OF INJURY REEL FACTORY, OFFICE The deceased from a control of the  | DEATH BUT DAY YEAR 19 FARM. EIC) NAME OF CO  | 216. HOW INJURY OCCURION 216 LOCATION STREET  20 19 5 3 d that in ( ) (aur) apinian DEGREE ATTENDING PHYSICIAN 220. ADDRESS Prince Fre  | 200 AUTOPSY?  YES NOTA  NOTA  THE NOTA  CITY OR THE NOTA  THE NOTA NOTA NOTA  CITY OR THE NOTA NOTA NOTA NOTA NOTA NOTA NOTA NOTA  | 20b. IF Y IN CERT Y IN TEM 18  OWN  AFF CIAN   ED 20 | COUNTY  22C. DA  22C. DA  22C. DA              | onings used best of Death No 18 (we he couses state ITE SIGNED |

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, at IMPORTANT: If them 21 is marked or Jeem 18 shows any injury, or only

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

|                        |                                |  |       | e, v |
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| ne se la trafféración. |                                |  |       |      |
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|                        | X                              | (D) Cognida                                | 4     |      |
|                        | Since the second of the second | Zor B<br>Zw. 1850 <sup>M</sup> (Egysanick) | TENC. |      |

STATE OF MARYLAND FOR - STATE REGISTRAR

B

MIDDLE

7b. CITIZEN OF WHAT COUNTRY?

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1919

MARRIED NEVER MARRIED

and that in

DEGREE

23¢ NAME OF CEMETERY

Our Lady St

LAST

5. DATE OF BIRTH

Feb.

WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Calvert Memorial Hospital

13c. CITY OR TOWN

LAST

166 SOCIAL SECURITY NO

196 CONDITION FOR WHICH OPERATION WAS PI

SHAH

-16-0074

Lusby

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

KICSAR

30.

9 BALTIMORE CITY OR COUNTY OF DEATH

YEAR

INDUSTRY Home maker

1985

2h HOUR

17b. KIND OF BUSINESS OR

4:45P

20 DATE OF DEATH MONTH

Calvert

TYPE OF WORK FOR MOST OF WORKING LIFE! HOUSE WITE

120 USUAL OCCUPATION

December 6. AGE (IN YEARS LAST BIRTHDAY)

66

| 13d INSIDE CITY LIMITS? LASTREET ADDRESS / ZIP CODE NO TO SOLATS WE | arf Rd. 20657                                    |
|---|--|
| 15. MOTHER'S MAIDEN NAME  |  |
| Helma Wagslend  | LAST   |
| 17 INFORMANT ADDRESS  |  |
| Arthur A. Kicsar, Same as # 13                                      | 3 A-E  |
| ulmonary areus -  | APPROXIMATE INTERVAL<br>BETWEEN CONSET AND DEATH |
| -   |  |
| teypotenstre shorts   | 3 days.  |
| were Aortic stenosis  | Several 483                                      |
| NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN              | IN PART Tra                                      |
|   | 52. HE I   |
| IN CERTIFÝIN  | VERE FINDINGS USED<br>NG CAUSES OF DEATH?        |
| YES NO YES 7  | NO D   |
| -   |  |
| 21f. LOCATION<br>STREET CITY OR TOWN                                | COUNTY STATE                                     |
| . 19  | , that (I) (we) last                             |
| d that in (my) (our) opinion death accurred on the date and hour o  | nd from the couses stated                        |
| DEGREE  | 22c. DATE SIGNED                                 |
| ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN                | 1-2.86   |
| ??e ADDRESS   |  |
| Prince Frederick, Maryl   | and 20678  |
| EMETERY OR CREMATORY 23d. LOCATION                                  | OUNIX L PRESTATE                                 |
| y Star of the Sea, Solomons, Ca                                     |  |
| and 20676 JAN 1 3 1986  | R'S. SIGNATURE                                   |
|   |  |
|   |  |

physici removol 0 Ö à be the buriol-tronsit and Mental Hygi 18 Hem ō DIRECTOR should be detoched with the State Dept. FUNERAL 0

DECEASED NAME

TYPE OF PRINTI

Female

Maryland

No

CERTIFICATION

MEDICAL

14. FATHER'S NAME

Wisconsin

TO BIRTHPLACE (STATE OR FOREIGN

10 CITY OR TOWN OF DEATH

Joseph Shimeck

160 WAS DECEASED EVER IN U.S. ARMED FORCES

Conditions, if ony, which gove rise to immediate couse (o), stoting

underlying couse

90 DATE OF OPERATION

210. ACCIDENT WAS UNDERLYING

21d INJURY OCCURRED

230 BURIAL, CREMATION, REMOVAL

AT WORK

Buria.

24 FUNERAL DIRECTOR

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

224 PHYSICIAN S NAME (1YE OF FEB.)

Prince Frederick

SEX

FIRST

Dolores

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN

MIDDLE

18 CAUSE OF DEATH (Enter only one couse per line for ital line and less PART I, DEATH WAS CAUSED BY:

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

IMMEDIATE CAUSE (0)

220 I certify that (1) (this haspital) attended the deceased from

sow the deceased alive on above, (I) (we) (did) (did not) view the body after death

23b. DATE

1-3-1986

Box34B, Port Republic, Maryland 2

Donald V. Borgwardt

136 COUNTY

Calvert

White

U.S.A.

MPORTANT BP DHMH - 16 60M 7/B4 (VRA 15, 4)

tes if the sun, then we write the property Telefore and the second of the outes, cost sumoise, surplant mayon and a little polarities.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 | REGISTRAR                       |                                       |  |                        | CERTIF       | ICATE OF DE       | ATH         | REG. NO                      | ).         |                |                                  |
|---|---------------------------------|---------------------------------------|--|------------------------|--------------|-------------------|-------------|------------------------------|------------|----------------|----------------------------------|
| ı | 1. DECEASED NAME                | FIRST                                 | -  | MIDDLE                 | L            | AST               |             | 20 DATE OF DEATH             |            | DAY YEAR       | 26 HOUR D                        |
| ı | (TO CONTRICT)                   | SVERR                                 | E N  | MN                     | LAF          | RSEN              | 1000        | 12                           | /18/8      | 35             | 2050 4                           |
|   | 3. SEX                          |                                       | 4. RACE  |                        | 5. DATE C    |                   |             | & AGE (IN YEARS LAST BIRT    | HDAY)      | MONTHS DAYS    | IF UNDER 24 HRS<br>HOURS MIN     |
|   | Male                            |                                       | Wha  | ite                    | MONTH<br>9   |                   | YEAR<br>98  | 87                           | YRS        | MONTHS DATS    | HOURS MIN                        |
|   | 70 BIRTHPLACE (STAT             | E OR FOREIGN                          | Th CITIZEN OF  | WHAT COUNTRY?          | 8<br>MADDIE  | D NEVER MA        | ARRIED T    | 9 BALTIMORE CITY O           | R COUNTY   | OFDEATH        |                                  |
|   | Norway                          |                                       | U.S.   | .A.                    | WIDOWE       |                   | ORCED       | Calve                        | rt         |                | MD.                              |
| 1 | 10 CITY OR TOWN OF              | DEATH                                 |  | HOSPITAL, NURSIN       |              | OR OTHER INSTIT   | NOITUT      | 12a USUAL OCCUPATE           | NC         |                | F BUSINESS OR                    |
|   | Prince Fr                       | ederick                               |  | ert Memor              |              | lospital          |             | Engineer                     |            | U.S.           | Gov't                            |
| A | USUAL RESIDENCE (#              |                                       |  | GIVE RESIDENCE BEFORE  |              | 1 13d. INSIDE CIT | V HAAITS2   | 13e.STREET ADDRESS /         | 7IP CODE   | 4.1            |                                  |
|   | Md.                             |                                       | vert   | Lusby                  |              |                   | 40 🗍        | Box 150-                     |            | 20657          |                                  |
|   | 14 FATHER'S NAME                | -                                     | AIDDLE   | LAST                   | Air.         | IS MOTHER'S       |             | MIDDLE                       |            |                |                                  |
|   | HANS                            | ,                                     | VIDDLE   | Larse                  | n            |                   | enriett     |                              | 91.1       | LAST           |                                  |
| - | 160 WAS DECEASED E              |                                       |  | 166 SOCIAL SECU        | RITY NO.     | 17 INFORMAN       |             | ADDRE                        | _          | e Point        |                                  |
| ١ | (YES, NO OR UNKNOWN             | I IE YES, GIVE                        | WAR OR DATES)  | 578-58-                | 8114         | Ms.               | Barbar      | ra Johnson                   |            | sby, Md        |                                  |
| 1 | 18 CAUSE OF D                   | FATH (Enter on                        | v one couse ner  | line for io), (b), one | die          |                   |             |                              |            |                | MATE INTERVAL<br>DISET AND DEATH |
|   |                                 | H WAS CAUSE                           | BY:  | Parlina                | 1011         | us Eu             | lema        |                              |            |                |                                  |
|   |                                 | IMMEDIAL                              | E CAUSE (0)  | ·-Uarve                | 74 1000      | 1                 |             |                              |            |                |                                  |
|   | 6. 400 7                        | 111                                   | DUE TO, OI   | R AS A CONSEQUE        | NCE OF       |                   |             |                              |            |                |                                  |
|   | Conditions, if gove rise to     | immediate                             | (p)  |                        |              |                   |             |                              |            |                |                                  |
|   | couse (a), s                    |                                       | DUE TO, OI   | R AS A CONSEQUE        | NCE OF       |                   |             |                              |            |                |                                  |
|   | DART 2 OTHER                    | CICAUEIC ANIT C                       | (6)  | DALITRIBUTING TO F     | E A THE BLIT | NOT BELATED T     | O THE YERM  | INAL DISEASE OR CONT         | DITION OR  | /FALIBLE ART 1 |                                  |
|   |                                 | SIGNIFICANIC                          | ONDITIONS CO   | DIVINIBULING TO L      | DEATH BUT    | NOT KELATED I     | O THE TERMI | INAL DISEASE OR CONL         | JIION GIV  | VEN IN PART TO | )                                |
|   | 190 DATE OF OP                  | ERATION                               | 19b. CONDI   | ITION FOR WHICH        | OPERATIO     | N WAS PERFOR      | MED         | 20a AUTOPSY?                 |            | S, WERE FINDIN |                                  |
| 7 | 표                               |                                       |  |                        |              |                   |             | YES T NOT                    |            | FYING CAUSES   | OF DEATH?                        |
| H | 21g. ACCIDENT WA                | S UNDERLYING                          | 21b. TIME O  | F INJURY               |              | 21c. HOW INJ      | JRY OCCURRI | ED (ENTER NATURE OF INJUR    |            |                | 110                              |
|   | An exercise decision in         | Bengd                                 | THE STATE OF THE S | M. MONTH DA            |              |                   |             |                              |            |                |                                  |
|   | CIFEITHER NOTIFY 21d INJURY OCC | MEDICAL EXAMINER                      | 21e PLACE  |                        | 19           | 21f LOCATION      | ۷.          |                              |            |                |                                  |
|   | 44.11.C 1.00                    | OT WHILE                              |  | REET, FACTORY OFFICE E | ARM ETC )    | STREET            |             | CITY OR TO                   | WN         | COUNTY         | STATE                            |
|   | AT WORK                         | I WORK                                | b 1 1 d  |                        | 0.7          |                   | 10 82       | to Ulcen                     | 1.1.       | 10 FT          | . 0                              |
|   |                                 |                                       |  | e deceased from        | 85/11        | // -              |             | leath accurred on the da     |            |                | thor (I) (we) lost               |
|   | 22b SIGNATURE                   | reased alive on<br>ve) (did) (did not | view the body  | ofter death.           |              |                   |             | scom occorred on the do      | ne ona noo |                |                                  |
|   | 220 SIGNATURE                   | . 1                                   | 80   |                        |              | DEGREE            | TENDING .   | MEDICAL STAF                 | F          | 22c. DATE      |                                  |
|   | 1con                            | ser                                   | OND  | ms n                   |              |                   | YSICIAN A   | DIRECTOR   PHYSIC            | IAN 🗌      | 12-            | 17-13                            |
|   | 22d. PHYSICIAN                  |                                       |  |                        |              | 22e ADDRESS       |             |                              |            |                |                                  |
|   | Ronald                          | Thoma                                 | as, M.I  | ).                     |              | Lusby             | , Mar       | yland 2                      | 0657       |                |                                  |
|   | 230 BURIAL, CREMATE             | ON, REMOVAL                           | 236 DATE   | 23c. N                 | AME OF C     | EMETERY OR CI     | REMATORY    | 23d LOCATION<br>CITY OF TOWN |            | COUNTY         | STATE                            |
|   |                                 | moval                                 | 12/2   | 24/85                  |              |                   |             |                              |            |                |                                  |

TO FUNERAL DIRECTOR

DHMH - 16 60M 7/84

24. FUNERAL DIRECTOR (VRA 15, 4)

Anatomy Board

ADDRESS Balto., Md.

256 DATE REC'D. BY REGISTRAR 256. BY GISTRAR'S SIGNATURE

Sector Francisco 1986 9 1944

O HOSPITAL OR ATTENDING PHYSICIAN, The low requires that the death certificate be retained by the haspital or attending physician.

| 01  | -     | 40  | 0  | 0   |  |
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| 6 6 | 11    |     | 82 | . 4 |  |
| U   | . " X | -8- |    | ~   |  |

1 - STATE

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 2      | 0 | 61.7 |
|--------|---|------|
| DEC NO |   |      |

| 11               | CU             |   | REGISTRAR           |                   |                  |   | CERTI           | ICAIL OI DEATH                | REG. N                            | 0.            |                   |   |  |
|------------------|----------------|---|---------------------|-------------------|------------------|---|-----------------|-------------------------------|-----------------------------------|---------------|-------------------|---|--|
|                  |                |   | CEASED NAME         | FIRST             | 1                | MIDDLE                                  | ī               | AST                           | 20 DATE OF DEATH                  | MONTH         | DAY YEAR          | 26 HOUR                                 |  |
| death            |                | TYPE  | OR PRINT)           | Harry             | 00               | dell                                    |                 | PARKS                         | December                          |               | 1985              | 7:25 <sup>a</sup> <sub>M</sub>          |  |
| . po             | 6              | 3. SE   | X                   | 4                 | RACE             |   | S. DATE C       |                               | 6. AGE (IN YEARS LAST BI          | THDAY)        | MONTHS DAYS       | IF UNDER 24 HRS<br>HOURS MIN.           |  |
| rectar<br>urs af | 4              |   | ale                 |                   | White            | 53 6 / 1                                | 30              | - 24 - 1911                   | 74                                | YRS           |                   | MIN.                                    |  |
| P P              | 1/4            |   | RTHPLACE (STATE O   | R FOREIGN 7       | b CITIZEN OF     | WHAT COUNTRY?                           | MARRIE          | NEVER MARRIED                 | 9 BALTIMORE CITY                  | R COUNT       | TY OF DEATH       |   |  |
| in 72            | 20             |   | Maryland            |                   | USA              |   | WIDOWE          |                               | Calver                            | E Cor         | unty              | MD.                                     |  |
| 200              |                | 10 C  | ITY OR TOWN OF D    | ATH 1             |                  | HOSPITAL, NURSING                       |                 | OR OTHER INSTITUTION          | 17a USUAL OCCUPAT                 |               | 176 KIND C        | F BUSINESS OR                           |  |
| 120              | 199            | Pr  | rince Fre           | ederi             | k C              | alvert M                                | lemor           | cial Hospit                   | 1 Carpente                        | C             | Becte             | el Corp.                                |  |
| から変              | 1201/          |   | AL RESIDENCE (IF NO | 136 COUNT         |                  | 13c. CITY OR TOWN                       |                 | 134 INSIDE CITY LIMITS?       | 112 STREET ADDRESS                | / 7ID CO!     | 25                |   |  |
| 200              | るかり            |   | MD.                 | Calve             |                  | r. Frede                                |                 | YES NO A                      | 13e STREET ADDRESS<br>420 Dares I | each          | Rd., 20           | 1678                                    |  |
| tely<br>2 sh     | 34/            | 14 FA   | THER'S NAME         |                   |                  |   | 100             | 15. MOTHER'S MAIDEN NA        |                                   |               |                   | 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |
| and              | Co16           |   | Albert              | M                 | IDDLE            | Parks                                   |                 | Florence                      | MIDDLE €                          |               | Eiï               | liott                                   |  |
| d co             | ig ,           |   | VAS DECEASED EVE    |                   |                  | 166 SOCIAL SECUE                        |                 | 17 INFORMANT                  | ADDR                              |               |                   |   |  |
| Pag              | ae a           | ,   | VES HOOPUHKHOWH)    | N/A               | WAR OR DATES)    | 216-18-5                                | 798             | Airetta Parl                  | cs SAI                            | IE AS         | 13A-13E           | 3                                       |  |
| Ders.            | - ±            |   | IS CAUSE OF DEA     | TH (Enter only    | one couse per    | line)for (a), (b , a)                   | l'ici.          |                               |                                   | -,            | APPROX            | IMATE INTERVAL<br>ONSET AND DEATH       |  |
| phys             | went,          | - 1   | PART I. DEATH       | WAS CAUSED        | BY:<br>CAUSE (o) | 2/0116                                  | 1 (             | andino                        | a mes                             | 1             |                   |   |  |
| guil<br>odn      | ar re          |   |                     | IMMEDIATE         | 7                | 2 1 2 1 2 2 1 2 2 2 1 2 2 2 1 2 2 2 2 2 | 105.05          |                               |                                   | 1             |                   |   |  |
| Hend<br>ve co    | om,            | Conditions, if any, which ( ) Care Consequence of ( A Treman Autum) |                     |                   |                  |   |                 |                               |                                   | WWI           | 111               |   |  |
| he or            | rtra           | l d   | gove rise to in     | nmediate          | (0)              | 1.00                                    |                 |                               |                                   | 1             | C C CC            |   |  |
| by the           | othe           |   | underlying cou      |                   | DUE 10, OI       | r as a conseque                         | NCEOF           |                               |                                   |               |                   |   |  |
| pele             | urial<br>7, ar |   | PART 2 OTHER SIG    | SNIFICANT CO      | ONDITIONS CO     | ONTRIBUTING TO D                        | EATH BUT        | NOT RELATED TO THE TERM       | AINAL DISEASE OR CON              | DITION G      | IVEN IN PART 1    |   |  |
| Then             | njung<br>njung | NO  |                     |                   |                  |   |                 |                               |                                   |               |                   |   |  |
| bee!             | ony Ca         | AT  | CAT                 | 190. DATE OF OPER | ATION            | 196 COND                                | ITION FOR WHICH | OPERATIO                      | N WAS PERFORMED                   | 20a AUTOPSY?  |                   | ES, WERE FINDIN                         |  |
| has              | ows /          | CERTIFICATION   | F                   |                   | 177-179          |   |                 |                               | YES TO NOT                        |               | IFYING CAUSES     | OF DEATH?                               |  |
| cate             | Hyg<br>8 sh    | E.  | 210. ACCIDENT WAS U |                   | 216. TIME O      |   | WEAR            | 21c HOW INJURY OCCUR          | RED (ENTER NATURE OF INJU         | RY IN ITEM 18 | PART I OR PART 2) |   |  |
| ol-tr            | at E           | A   | OR CONTRIBUTING     |                   | HOUR A.          | M. MONTH DA                             | Y YEAR          | DEPOSITION .                  |                                   |               |                   |   |  |
| bori<br>buri     | Ae H           | MEDICAL   | 21d INJURY OCCU     |                   | 21e. PLACE       | OF INJURY                               |                 | 211 LOCATION                  |                                   |               | COUNTY            | STATE                                   |  |
| er the           | ked            | ¥   | WHILE NOT Y         | VHILE             | (AT HOME, STR    | REET, FACTORY, OFFICE FA                | RM, ETC )       | STREET                        | CITY OR IC                        | IWN           | COUNTY            | STATE                                   |  |
| Aft Se a         | mon mon        |   |                     |                   | ol) ottended th  | e deceased from                         |                 | 19                            | . to                              |               | . 19              | that (I) (we) last                      |  |
| TOR              | of He<br>21 is |   | sow the decea       | sed alive on_     |                  | _19                                     | , 01            | nd that in (my) (our) opinion | death occurred on the d           | ote and ha    | our and from the  | couses stated                           |  |
| REC.             | e t            | P 13  | 22b. SIGNATURE      | (did) (did no     | view the body    | atter apath.                            |                 | DEGREE                        |                                   |               | 22¢ DATE          | SIGNED                                  |  |
| L DI             | De H           |   | FIL.                | Ind I             | K                | Dun                                     |                 | ATTENDING                     | MEDICAL STA                       |               |                   |   |  |
| ERA<br>e de      | Stol           |   | 22d. PHYSICIAN'S    | NAME (TITLE       | mody///          | jour                                    | 7               | 77e ADDRESS                   | P DIRECTOR   PHISH                | TAIY          | 1                 |   |  |
| FUN              | th the Stat    |   | Emad R              | 21-F              | Ranna            | M D                                     |                 | Prince Fre                    | derick M                          | 0 20          | 678               |   |  |
| Shouls           | M P P          | 23a s   |                     |                   |                  |   | AME OF C        |                               | 123d. LOCATION                    |               | 0.0               |   |  |
|                  |                | 130.  | SURIAL, CREMATION   | TREMOVAL          | QJ0              | 4-86 Br.                                | TSI             | EMWESS PECSEMATORY            | CITY OF TOWN                      | eland         | Calver            | TALL STATE                              |  |
|                  |                | 24 5  | P. SPAL DIRECTOR    | Donald            | V Por            |   |                 | 125 DA                        | Broomes I                         | 3-10-110      | A BUILDING        | Thousand                                |  |

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Port Republic, Maryland

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 5      | 3 | 4 | 5 | 0 | 1 |
|--------|---|---|---|---|---|
| PEG NO |   |   |   |   |   |

|   |                     | NEO IOTALIA  |                                  |                 |           |                        | REG.                     | NO.          |                 |                 |  |  |
|---|---------------------|--|----------------------------------|-----------------|-----------|------------------------|--------------------------|--------------|-----------------|-----------------|--|--|
|   |                     | CEASED NAME FIRST  |                                  | MIDOLE          | f         | AST                    | 20. DATE OF DEATH        | MONTH        | DAY YEAR        | 26 HOUR         |  |  |
| / | TITPE               | Je   | ne                               | E.              |           | ROSE                   | December                 | 30,          | 1985            | 10:40           |  |  |
| 1 | 3. SEX              |  | 4 RACE                           |                 | 5. DATE C | OF BIRTH               | 6 AGE (IN YEARS LAST     | BIRTHDAY)    | IF UNDER 1 YEAR | IF UNDER 24 HRS |  |  |
| 1 |                     | FEMALE   | WHITE                            | 107             | FEB.      | 9, 1904 YEAR           | 81                       | YRS          | MONTHS DAYS     | HOURS MIN.      |  |  |
| 4 |                     | RTHPLACE (STATE OR FOREIGN   | 76 CITIZEN OF                    | WHAT COUNTRY?   | 8         | D NEVER MARRIED        | 9. BALTIMORE CITY        | _            | TY OF DEATH     |                 |  |  |
| 1 |                     | MÄRYLAND   | USA                              |                 | WIDOWE    | DXX DIVORCED           | Calver                   |              | 0.              | MD.             |  |  |
| 9 | Pri                 | nce Frederick  | Calve                            | rt Memori       | al Ho     | ospital                | 120 USUAL OCCUPA         |              |                 | HOME            |  |  |
| 6 | USUA<br>130. S<br>M | AL RESIDENCE (IF NURSING HOME<br>TATE<br>IARY LAND 13b CO<br>CA  | OR OTHER INSTITUTION UNITY LVERT | 13c. OW INGS    |           | 136 INSIDECITY LIMITS? | 13 STREET ADDRESS        | 4 1 P COE    | DE #20          | 736             |  |  |
| K | I4 FA               | THER'S NAME<br>MAURICE   | WIOOFE                           | EPSTEIN         |           | MARY                   |                          | LIPSIT       | Z LAS           | л               |  |  |
| 1 |                     | AS DECEASED EVER IN U.S.   | ARMED FORCES?                    | 166 SOCIAL SECU | RITY NO.  | 17 INFORMANT M         | RS. HELEN                | RESS RES     | NTCK A          | PT. 517         |  |  |
|   | (1                  | NO.  | GIVE WAR OR DATES)               | 578-05-7        | 7140      | 7401 NEW HA            |                          |              | ATTSVIL         | LE, MD207       |  |  |
| 7 | 10                  | 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I, DEATH WAS CAUSED BY:   |                                  |                 |           |                        |                          |              |                 |                 |  |  |
|   |                     | IMMEDIATE CAUSE (a)  |                                  |                 |           |                        |                          |              |                 |                 |  |  |
|   |                     | DUE TO, OR AS A CONSEQUENCE OF TO THE HOST FOREIGN   |                                  |                 |           |                        |                          |              |                 |                 |  |  |
|   |                     | Conditions, if any, which gave rise to immediate   | (b)_                             |                 |           | confestive             | Tuesti                   | ( Dock o     | 7               |                 |  |  |
|   | Êŝ                  | couse (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF TYPO alburence   |                                  |                 |           |                        |                          |              | Few             | ath             |  |  |
|   | N O                 | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN  |                                  |                 |           |                        |                          |              |                 | a·              |  |  |
| 9 | CERTIFICATION       | 190 DATE OF OPERATION  | 196 COND                         | ITION FOR WHICH | OPERATIO  | N WAS PERFORMED        | 20a AUTOPSY?             | INCERT       | ES, WERE FINDIE |                 |  |  |
| 4 |                     | 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF  | OEATH HOUR A.                    | M. MONTH DA     | Y YEAR    | 216 HOW INJURY OCCUR   | RRED (ENTER NATURE OF IN |              |                 |                 |  |  |
| 5 | MEDICAL             | 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e PLACE                        |                 |           | 211 LOCATION<br>STREET | CITY OR                  | TOWN         | COUNTY          | STATE           |  |  |
|   |                     | 220   certify that (1) (this haspital) attended the deceased from NOV 19 85, to 19 that (1) (we) last  |                                  |                 |           |                        |                          |              |                 |                 |  |  |
|   |                     | sow the deceased alive on 19 5, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. |                                  |                 |           |                        |                          |              |                 |                 |  |  |
|   |                     | 22b. SIGNATURE   | E C                              | 3 8             | 0         | DEGREE                 |                          |              | 22c. DATE       | 1 -             |  |  |
| 1 |                     | ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN   |                                  |                 |           |                        |                          |              |                 | 30/80           |  |  |
|   |                     | 22d. PHYSICIAN'S NAME (TYPE  | PE OR PRINT)                     | . SHA           | H         | Prince F               | Frederick                | , Mar        | yland           | 20678           |  |  |
|   | 23a B               | URIAL, CREMATION, REMOV  |                                  |                 |           | EMETERY OR CREMATORY   | 23d LOCATION             |              | COUNTY          | STATE           |  |  |
|   |                     | BURIAL   | JAN.2                            |                 |           | KODESH-BETH I          |                          | TIMORE       |                 | RYLAND          |  |  |
| 4 | 24 FL               | INERAL DIRECTORSOL L   | EVINSON 8                        | BROS , I        | VC.       | 25a DA                 | TE REC'D. BY REGISTRA    | R 25b. REGIS | STRAR'S SIGNAT  | URE             |  |  |

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DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and cashould be detached for use as the busial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 21 is marked or Nem 18 shows any injury, ar ather traumatic event, the

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

#### FOR STATE REGISTRAR

# STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

| 1414   | 63 7 | - 1 | -  |    | 13 |
|--------|------|-----|----|----|----|
| 3      | Ü    | 6-4 | -2 | 19 | 8  |
| REG NO |      |     |    |    |    |

|           | CEASED NAME                           | FIRST        |                           | MIDDLE                          | Į.              | AST                            |           | 20. DATE OF DEATH        | HINOM            | DAY YEAR                                | 26 HOUR                            |
|-----------|---------------------------------------|--------------|---------------------------|---------------------------------|-----------------|--------------------------------|-----------|--------------------------|------------------|---|------------------------------------|
| TYPE      | ORPRINT                               | Pau          | 1                         | Frede                           | rick            | SCHULZE                        |           | December                 | 23,              | 1985 1                                  | 2:30A,                             |
| 3. SE     | X                                     |              | 4 RACE                    |                                 | 5. DATE C       |                                |           | AGE LIN YEARS LAST BIRT  | HDAY)            | IF UNDER TYEAR                          | IF UNDER 24 HRS                    |
| m         | ale                                   |              | white                     |                                 | TIT             | y 24 1917                      | ?         | 68                       | YRS              | MONTHS DATS                             | HOURS MIN.                         |
| 7a. 81    | RTHPLACE (STATE OR                    | OREIGN       | 76 CITIZEN OF             | WHAT COUNTE                     | RY2 8           |                                | - 9       | BALTIMORE CITY O         |                  | Y OF DEATH                              |                                    |
|           | COUNTRY                               |              | TICLA                     |                                 |                 | NEVER MARRIED                  |           | Calvert                  | -                |   |                                    |
|           | ansas<br>ITY OR TOWN OF DEA           | ATH          | USA<br>11. NAME OF I      | HOSPITAL NUR                    | WIDOWE          | DIVORCED  OR OTHER INSTITUTION |           | 120. USUAL OCCUPATION    |                  | 12h KIND O                              | MD<br>F BUSINESS OR                |
|           |                                       |              |                           | t Memor                         |                 |                                |           | TYPE OF WORK FOR MOST O  |                  | (FE) INDUSTRY                           |                                    |
|           | ince Freder                           |              |                           |                                 |                 | phrm                           |           | mechanic                 |                  | dese                                    | al truck                           |
|           | AL RESIDENCE (IF NURS                 | 136 COUN     |                           | 13c. CITY OR TO                 |                 | 134. INSIDE CITY LIMIT         | TS? 1     | 3e.STREET ADDRESS        | ZIP COD          | Œ                                       |                                    |
| M         | arvland                               | Calv         | ert                       | North                           | Beach           | YES NO                         |           | 3rd Street               | 2071             | _4                                      |                                    |
| 14. FA    | ATHER'S NAME                          |              | MIDDLE                    | LAST                            |                 | 15. MOTHER'S MAIDE             | NNAM      | E MIDD(E                 | 200              | LAS!                                    |                                    |
|           | Henry                                 |              |                           | chulze                          |                 | Lillian                        | n         | WIDDLE                   |                  | White                                   |                                    |
| 16a V     | VAS DECEASED EVER                     | IN U.S. AR   |                           | 166 SOCIAL SI                   | ECURITY NO.     | 17 INFORMANT                   |           | ADDRE                    |                  | 111200                                  | -1797                              |
| 17        | YES, NO OR UNKNOWN)                   | 1            | E WAR OR DATES)           | 578 01                          | 0682            | Noonie Sch                     | المرام    | 0 0000 00                | #12              |   |                                    |
|           | no                                    | n/a          |                           |                                 |                 | I MOOUTE DG                    | nulz      | e same as                | #13              | APPROXI                                 | IMATE INTERVAL<br>DINSET AND DEATH |
|           | 18 CAUSE OF DEAT<br>PART I. DEATH W   | AS CALISE    | lly one couse per<br>D BY | line for (o), (b),              | ond ich         | · · 0.1.                       |           | 4                        |                  | BETWEEN                                 | ONSET AND DEATH                    |
| FICATION  |                                       |              |                           |                                 |                 | NOT RELATED TO THE             | TERMIN    |                          |                  | HELLEY.                                 |                                    |
| TIFICA    | 19a DATE OF OPERA                     | TION         | 196 COND                  | ITION FOR WH                    | ICH OPERATIO    | N WAS PERFORMED                |           | 200 AUTOPSY? YES NO      | IN CERTI         | ES, WERE FINDIN<br>IFYING CAUSES<br>'ES |                                    |
| CAL CERTI | 21a. ACCIDENT WAS UNI                 | CAUSE OF DE  | NIP .                     | M. MONTH                        | DAY YEAR        | 21c HOW INJURY OC              | CCURRE    | D (ENTER NATURE OF INJUR | IN ITEM 18       | PART I OR RART 7)                       |                                    |
| MEDICAL   | 21d INJURY OCCUR                      |              | 21e PLACE                 | OF INJURY<br>REET FACTORY, OFFI | CE, FARM, ETC.) | 21f LOCATION<br>STREET         |           | CITY OR TO               | WN               | COUNTY                                  | STATE                              |
|           | 220.1 certify that (1)                | (this hospi  | tal) ottended th          | e deceased fro                  | m               |                                |           | to                       |                  | . 19                                    | that (I) (we) last                 |
|           | sow the decease<br>above, (1) (we) (c | ed alive on  | er wour ebe beelv         | - ftor doub                     | 9, or           | nd that in (my) (our) op       | oinion de | oth occurred on the do   | ite and ha       | us and from the                         | causes stated                      |
|           | 22b. SIGNATURE                        | ala) (ala no | 1) view the body          | offer death.                    | 30 11 11        | DEGREE                         | 18.1      |                          |                  | 22c. DATE                               | SIGNED                             |
|           | M                                     | n            | o the                     | ~ or                            | 0               | ATTENDII<br>PHYSICI            |           | MEDICAL STAF             |                  | 12                                      | -12318                             |
|           | 22d. PHYSICIAN'S N.                   | AME (TYPE C  | PRINT)                    | 11-1                            | un              | Prince F                       | red       | lerick, M                | aryl             | and 2                                   | 0678                               |
|           | BURIAL, CREMATION,                    | REMOVAL      | 236 DATE                  | 2                               | 30 NAME OF C    | EMETERY OR CREMAT              | ORY       | 23d. LOCATION            |                  | 10.00                                   | 7,1,1                              |
|           | cremati                               | on           | Dec. 2                    | 3.85                            | Cedar           | Hill                           |           | Suitland                 |                  | PG MD                                   | STATE                              |
| 24 FL     | UNERAL DIRECTOR A                     |              |                           | Home O                          | wings N         | 1d - 250                       | o. DATE   | REC'D, BY REGISTRAR      |                  |   | URE                                |
|           | NAME ILO                              | CDCII        | I WICE GI                 | TIONING DORE                    | a-men r         |                                | DEC       | 30 1005                  | die 5            | michael B                               | indeal .                           |
| _         | market and the second                 |              |                           |                                 |                 |                                |           | U.W. INDIO               | The state of the | 200000                                  |                                    |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate h should be detached for use as the burial-transit I with the State Dept. of Health and Mental Hygiel IMPORTANT: If Item 21 is marked or Item 18 show

| AE, MARTLAND ZIZOL   | ecuted within 24 hours after   | d completely filled in by the   |
|--|--|---|
| RESIDING SI., BALIIMO  | cert certicate to se   | us woods of Suppose   |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARTENIN ZIZON | ENDING PHYSICIAN. The law importes that the feath cert case he executed within 24 hours after that or attending physician. | OR. After this certificate has been signed by the cheming paysucion and completely filled in by the |
| DISIAI   | TENDING PHY  | OR Abe the  |

#### STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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| į                     | 1-            | FOR<br>STATE<br>REGISTRAR  | DEPA   |                | EALTH AND MENTA             |       | ENE O S  | o.      | 4 2                    | 4 7           |
|-----------------------|---------------|--|--|----------------|-----------------------------|-------|--|---------|------------------------|---------------|
|                       |               | CEASED NAME FAIT   | h Myrtle   |                | SOLLERS                     |       | December   | 11,     | 1985                   | 6:45a         |
|                       | 3.5E          | The state of the s | 4 RACE   | 5. DATE C      |                             |       | 6 AGE (IN YEARS LAST BIRT  | (HDAY)  | MONTHS DAYS            | HOURS MIN     |
|                       | 1             | Female   | Black  | Aug.           | 29, 192                     |       | 56   | YRS     |                        |               |
| 5                     |               | Maryland   | 76 CITIZEN OF WHAT COUNT<br>USA  | MARRIE         |                             |       | Calvert  |         | YOFDEATH               | MD.           |
| 1                     | Pri           | ince Frederick   | 11. NAME OF HOSPITAL, NU<br>Calvert Mem  | orial          |                             |       | 120 USUAL OCCUPATION HOUSEWIFE   |         | 126 KIND O<br>INDUSTRY | F BUSINESS OR |
| 6                     | Ma            | AL RESIDENCE IN HIR ING HOME OR<br>STATE<br>LTY Land 13b COUN<br>Ca.   | To ther institution give residence in the large street street is the large street street in the large stre | riand          | 13d. INSIDE CITY LIM        | AITS? | Box 103 Kei  | zip con | DE .                   | 20689         |
| K                     | 14, FA        | Benjamin   | MIDDLE LAST Ken  |                | 15 MOTHER'S MAID FIRST Gret | chen  | MIDDLE   |         | las<br>Be              | rrv           |
| 1                     |               | WAS DECEASED EVER IN U.S. AR   | T 11110 00 0 11101   | 4-3469         | Ms. Dale                    | S. 8  | ADDRESS 161 Cros   | Ss Ken  | t Fort MD 211          | La.           |
|                       | 7.            | PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE IO)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last  DUE TO, OR AS A CONSEQUENCE OF  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a   |  |                |                             |       |  |         |                        |               |
| 9                     | CERTIFICATION | 90 DATE OF OPERATION   | 19b. CONDITION FOR WH  | HICH OPERATIO  | N WAS PERFORMED             |       | 20a AUTOPSY?   | IN CERT | ES, WERE FINDIN        |               |
| 7                     | MEDICAL CERT  | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED  WULK NOT WHILE AL WORK   | P.M. 21e PLACE OF INJURY   | MONTH DAY YEAR |                             |       | RED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  CITY OR TOWN COUNTY STA |         |                        | STATE         |
| Section of the second |               | 220. I certify that (b) (this hospital) attended the deceased from 19 to 19 to 19 to 19 that (b) (well saw the deceased alive an above, (b) (well did) (did) |  |                |                             |       |  |         |                        |               |
| 1                     |               | John Weige   |  | (              | 11e ADDRESS                 |       | derick, N  |         | land                   | 20678         |
|                       | 23a B         | BURIAL, CREMATION, REMOVAL   |  |                | U.M. Chr.                   |       | 23d LOCATION CILVORTOWN Huntingto  | own     | Calvert                | MD            |

Spencer E. Sewell Box 31 Prince Fred.MD 20678

DHMH - 16 60M 7/84 (VRA 15, 4)

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| DIVISION OF VITAL RELOKUS, 201 W. PRESTON ST., BALLINGRE, MARTINAND ALVON | 7   | 4 5 2 2  |
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| -   | TO HOSPITAL OR ATTENDED PHYSICIAN. The fow requires that the death distincts by executed within 24 hours after death. Page 4 may be retired by the hospital or attending physician. | TO FUNERAL DIRECTOR, After this certificate has been signed by the intending physicion and significant or by the transition in phase 3 should be admitted for one as the build frame period process conditional operations of the state basis of Health and Remain Physician prior to being continuous conditional and a small process of the state basis of Health and Remain Physician prior to being continuous continuous medical continuous continuous and the state basis of the state of the st |
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DHMH - 16 60M 7/84 (VRA 15, 4)

|                  |        | STATE OF MARYLAND        |             |
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| OR               | DEPA   | RTMENT OF HEALTH AND MEN | TAL HYGIENE |
| TATE<br>EGISTRAR |        | CERTIFICATE OF DEA       |             |
| SED MANE         | AND DO | 1457                     | To a        |

| STATE OF MARYLAND                       |   | د        | P 13 |   |    | -  |   |
|---|---|----------|------|---|----|----|---|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | U | 5        | 5    | 4 | 10 | -) | U |
| CERTIFICATE OF DEATH                    |   | REG. NO. |      |   |    |    |   |

| 55204  | 1-                 | FOR<br>STATE<br>REGISTRAR   |  |   | DEPARTA  | MENT OF H                                 | E OF MARYLAND<br>BEALTH AND MENTAL HYG<br>FICATE OF DEATH   | REG. NO.   | 3   | 4.5   | 5 0   |
|--|--------------------|---|--|---|--|---|---|--|---|---|---|
| 3020   |                    | CE ASED NAME  | FIRST  |   | WIDDLE   |   | AST   |  | ONTH DAY  |   | 2b HOUR   |
| 4 600 A  |                    |   | Moslena  |   | NMN  |   | TTON  | December   |   | 985   | 2:59p м   |
| 100  | 3.5E)              | Female  | 4  | Black   | k  | Marc Marc                                 |   | 6. AGE (IN YEARS LAST BIRTHD   |   | NIHS DAYS   | IF UNDER 24 HRS HOURS MIN.  |
| 100  |                    | RTHPLACE (STATE OF Maryland   |  | USA   | WHAT COUNTRY?  | 8<br>MARRIE<br>WIDOWE                     | D NEVER MARRIED DIVORCED  | 9 BALTIMORE CITY OR C  | COUNTY O  | FDEATH  | MD.   |
| KI DUN   |                    | ince Frede  |  | LIE NOT IN SUC  | THEACHTY CIVE STREET   | ADDRESS                                   | or other institution  | 120 USUAL OCCUPATION<br>(TYPE OF WORK FOR MOST OF W<br>Housewife   |   | 126 KIND O<br>INDUSTRY                              | OF BUSINESS OR  |
| Filled on  | 13a S              | AL RESIDENCE IF NUI<br>STATE<br>Maryland  | 136 COUNT  |   | GIVE RESIDENCE BEFORE  13c CITY OR TOW  Lusby  |   | 13d INSIDE CITY LIMITS?<br>YES NO TO  | P.O. Box 63  | IP CODE   | 20  | 657   |
| 14   | 14 FA              | THER'S NAME FIRST Robert  |  | DDIE  | Janey  |   | 15 MOTHER'S MAIDEN NA PAULINE   | ME   |   | Boo   | ts  |
| 1/1/   |                    | VAS DECEASED EVE  |  | ED FORCES?  | 166 SOCIAL SECU<br>214-28-8  |   | Mildred Harm  | on P.O. Box  |   |   |   |
| more cord<br>tellon, or a<br>fraumatic   |                    | Canditians, if an   | y, which   | DUE TO, O   | R AS A CONSEQUE  |   | Cassa Co  | re theort  | G.T.  | -   | 1-4~  |
| Sugned by the<br>Then please re-<br>No buriol, crem<br>njury, or other   | NO                 | gave rise to im cause (a), stati underlying cause   | ing the<br>se last   | ( (c)_  | r as a conseque  | NCE OF                                    | NOT RELATED TO THE TERM   |  |   | IN PART 110   | 0   |
| har been signed by the<br>permit. Then places re-<br>ceiption to barriel, creat-<br>plys any injury, or other  | TIFICATION         | cause (a), state<br>underlying caus   | ing the se last  | DNDITIONS CO  | R AS A CONSEQUE  | DEATH BUT                                 | 0   | INAL DISEASE OR CONDIT   | TION GIVEN  | VERE FINDING CAUSES                                 |   |
| existacts has been signed by the colitorate permit. Then places re-<br>infall Hypotel prior to burial, over<br>mill. (3) Agos any injuty, or other   | CERTIFICAT         | cause (a), stati<br>underlying caus<br>PART 2. OTHER SIG  | ATION  DESCRIPTION  ATION  ATION  CAUSE OF DEATH   | 19b COND  21b. TIME O HOUR A.   | R AS A CONSEQUE  | DEATH BUT                                 | NOT RELATED TO THE TERM   | IN AL DISEASE OR CONDIT  | FION GIVEN<br>FOB. IF YES, W<br>N CERTIFYIN<br>YES [          | VERE FINDING CAUSES                                 | NGS USED<br>OF DEATH?   |
| the this cantificate has been signed by the sife burief frame! period. Then please re-trained or hard of heads and a period to burief, a series of signs any injury, or other control of signs any injury, or other controls.  | CAL CERTIFICAT     | Cause (a), stati underlying caus  PART 2. OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UP OR CONTRIBUTING  [IF EITHER NOTIFY MED  21d INJURY OCCUM  | ING THE LOST  SHIFTCANT CO  ATION  NOBERITING  CAUSE OF DEATH DICAL EXAMINER)  RRED  | 19b COND  21b. TIME C HOUR A. P. 21e PLACE  | R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY  M. MONTH DA  M.   | OPERATIO                                  | NOT RELATED TO THE TERM   | INAL DISEASE OR CONDIT   | FION GIVEN  OB IF YES, W  N CERTIFYIN  YES [ N 115M 18 PART   | VERE FINDING CAUSES                                 | NGS USED<br>OF DEATH?   |
| RECTOR, After this cardicate has been signed by the of the view of the bursal trained period. Then please the period to health and formal thypere prior to bursal, creates 21 is married on here 18 kepts any injury, or other   | CERTIFICAT         | PART 2. OTHER SIG   | ATION  ATION  CAUSE OF DEATH  DICALERAMINER)  WHILE  OPK  1) (this haspital  | 196 COND 196 COND 216 TIME COOR A. P. PLACE (AT HOME 519  | R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REEL FACTORY OFFICE F.  Re deceased from                 | DEATH BUT OPERATIO  AY YEAR 19  ARM ETC.) | NOT RELATED TO THE TERM IN WAS PERFORMED  21c. HOW INJURY OCCURI 21l LOCATION STREET  19 and that in (my) (our) apinion   | 200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJURY III  CITY OR TOWN   | TION GIVEN  10b. IF YES, W  N CERTIFYIN  YES [ N ITEM 18 PART | VERE FINDING CAUSES  I OR PART 2)  COUNTY           | NGS USED OF DEATH? NO STATE that (I) (we) last causes stated        |
| RAL DIRECTOR. After the centrates has been signed by the described to see as the burnditransit permit. Then place entote Door of Health and Shamilat the part in the burnditransit. If them 21 is marked obtain 18 Apple propriative, or other NT. If them 21 is marked obtain.  | MEDICAL CERTIFICAT | Cause (a), statiunderlying caus  PART 2. OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UP OR CONTRIBUTING [IF EITHER NOTIFY MEE 21d INJURY OCCUI  HULE NOTIFY MEE 22a. I certify that (I sow the decea abave. (I) (we) 22b SIGNATURE | ATION  ATION  ATION  ATION  ATION  ATION  CAUSE OF DEATH  DICAL EXAMINER)  RRED  WHILE  ORR  J (this haspital  seed afive an  (did) (did nat)  | 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e PLACE [AT HOME 511] oftended the                 | R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REEL FACTORY OFFICE F.  Re deceased from                 | DEATH BUT OPERATIO  AY YEAR 19  ARM ETC.) | NOT RELATED TO THE TERM  N WAS PERFORMED  21c. HOW INJURY OCCUR!  21l LOCATION STREET  , 19 and that in (my) (aur) apinian  DEGREE  ATTENDING PHYSICIAN             | 200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJURY III  CITY OR TOWN   | TION GIVEN  TOOL IF YES, W N CERTIFYIN  YES [ N ITEM 18 PART  | VERE FINDING CAUSES  I OR PART 2)  COUNTY           | NGS USED OF DEATH? NO STATE that (I) (we) last causes stated        |
| O FUNERAL DIRECTOR, After this cavificate has been signed by the could be detached to use as the burial trained period. Then phose remains the Store Copt. of Health and Remain Hyperer prior to burial, certain the Store Copt. of Health and Remain Hyperer prior to burial, certain the Store Copt. of Health and Remain 18 Applys previously, or other APORTANT. If then 21 is marked other 18 Applys previously, or other | MEDICAL CERTIFICAT | PART 2. OTHER SIG   | ATION  AT | 19b. COND 19b. COND 21b. TIME C HOUR A. P. 21e PLACE [AT HOME 511] oftended the                 | R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REEL FACTORY OFFICE F.  Re deceased from  office decide. | DEATH BUT OPERATIO  AY YEAR 19  ARM ETC.) | NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCURI  21t LOCATION STREET  , 19 nd that in (my) (aur) apinian  DEGREE ATTENDING PHYSICIAN  22e. ADDRESS | 200 AUTOPSY?  YES NOW  RED (ENTER NATURE OF INJURY III  CITY OR TOWN  death accurred on the date   | OD IF YES, WN CERTIFYIN YES [ N ITEM 18 PART                  | VERE FINDING CAUSES  I OR PART 2)  COUNTY  22c DATE | NGS USED OF DEATH? NO STATE that (I) (we) last causes stated SIGNED |
| 0244   | MEDICAL CERTIFICAT | Cause (a), staft underlying caus  PART 2. OTHER SIG  19a DATE OF OPERA  21a ACCIDENT WAS UP OR CONTRIBUTING [IF EITHER NOTIFY MEE 21d INJURY OCCUP HALE NOTIFY MEE 30w the decea above, (l) (we) 22b SIGNATURE  22d PHYSICIAN'S N     | ATION  ATION  ADDREVING  CAUSE OF DEATH DICAL EXAMINER)  RRED  WHILE  OPR  OPR  NAME (IVPE OR P  | 19b. COND 19b. COND 21b. TIME COOP HOUR A. P. 21b PLACE [AT HOME STILL VIEW the body  23b. DATE | R AS A CONSEQUE  ONTRIBUTING TO E  ITION FOR WHICH  OF INJURY M. MONTH DA M.  OF INJURY REEL FACTORY OFFICE F.  Re deceased from  other death.   | OPERATIO  AY YEAR  19  ARM ETC.)          | NOT RELATED TO THE TERM  N WAS PERFORMED  21t. HOW INJURY OCCURI  21t LOCATION STREET  , 19 nd that in (my) (aur) apinian  DEGREE ATTENDING PHYSICIAN  22e. ADDRESS | 200 AUTOPSY?  YES NOWN  RED (ENTER NATURE OF INJURY II  CITY OR TOWN  AMEDICAL STAFF DIRECTOR PHYSICIAL  PEDERAL PHYSICIAL  PEDERAL MD  23d LOCATION | POD IF YES, WIN CERTIFYIN YES [NITEM 18 PART                  | VERE FINDING CAUSES  I OR PART 2)  COUNTY  22c DATE | NGS USED OF DEATH? NO STATE that (I) (we) last causes stated SIGNED |

onlika yang tulok Fig. 25-875 to tale to be a control of 8-76-85 Frince Friderick, Pr. 2007 teled trivial trivial to an analytic array of the least trivial trivia The same of the sa

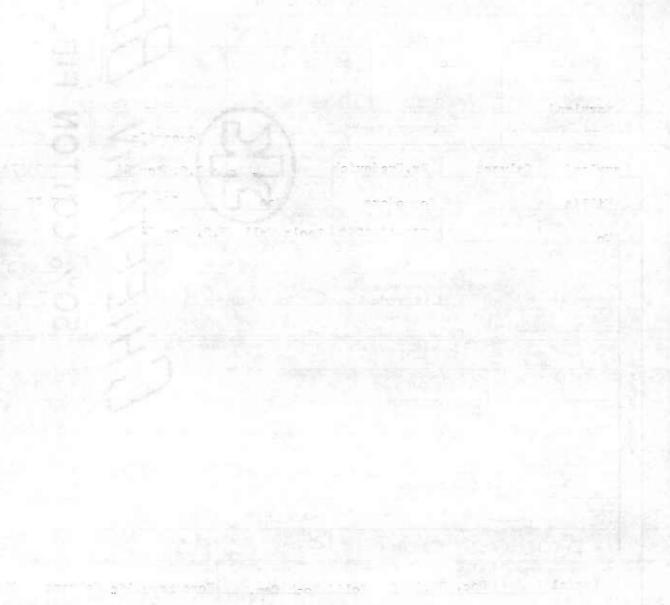
TO FUNERAL DIRECTOR, when should be detected to see as the with the State Dept. of Health as IMPORTANT. If bein 21 is market.

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

| STATE OF MARYLAND                       | . 4 |
|---|-----|
| DEPARTMENT OF HEALTH AND MENTAL HYGIENE | U   |
| CERTIFICATE OF DEATH                    |     |

| 1             | - STATE<br>REGISTRAR   |   |   |   | CERTIF       | ICATE OF DEATH  | REG.  | NQ.             |                   |           | 150   |
|---------------|--|---|---|---|--------------|---|---|-----------------|-------------------|-----------|-------|
|               | CEASED NAME  | FIRST   | - /   | AIDDLE  | Ü            | AST   | 20 DATE OF DEATH                                      | MONTH           | DAY YEAR          | 26 HOU    | R     |
| (             |  | Eliza   | Alv   | erta  | Wa           | 11  |   | 12/25/          | 85                | 05:25     | a.m.  |
| 3 SE          | x<br>Female  | 16  | 4 RACE<br>Blac  | k   | 5. DATE O    | F BIRTH 15 DAY 25 YEAR  | 6. AGE (IN YEARS LAST )                               | BIRTHDAY)       | MONTHS DAYS       | HOURS     |       |
| 7 a. B        | IRTHPLACE (STATE   | OR FOREIGN                                      | 76 CITIZEN OF   | WHAT COUNTRY?                                   | 8<br>MADDIEC | NEVER MARRIED   | 9 BALTIMORE CITY                                      | 1110            | Y OF DEATH        |           |       |
|               | Maryland   |   |   | USA   | WIDOWE       | DIVORCED  | Calve   | rt Cou          | inty              |           | MD    |
| P             | rince Fre  | derick  | (IF NOT ING)  | lvertiMe  | morial       | ROTHER INSTITUTION<br>L Hospital  | 120 USUAL OCCUPA<br>(TYPE OF WORK FOR MOS!<br>Housewi | OF WORKING      | LIFE) INDUSTRY    | OF BUSINE | SS OR |
| 13a<br>M      | al residence (IFN<br>STATE<br>laryland   | 136 COUN  | ITY   | GIVE RESIDENCE BEFORE 136. CITY OR TOW Pr. Fred | N 1          |   | 13e.STREET ADDRESS<br>P.O. Bo                         |                 | DE                | 2067      | 8     |
| 14 F.         | ATHER'S NAME   |   | MIDDLE  | LAST  |              | 15. MOTHER'S MAIDEN NAM   | ME  |                 | 1.4               | S.T       |       |
|               | Willis   |   |   | Commodor  | e            | Mae   | Ida   |                 | Parl              | cer       |       |
|               | WAS DECEASED EV  |   | MED FORCES?   | 166 SOCIAL SECU                                 | RITY NO.     | 17 INFORMANT  | ADD   | RESS            |                   |           |       |
|               | No.  | (11 163, 010                                    | E ANNE ON DATES!  | 215-46-   | 2708         | Leola Wall  | P.O. Box 3  | 4               |                   |           |       |
| CERTIFICATION | PART I. DEATH  Conditions, if a gave rise to i cause (o), stounderlying cau  PART 2 OTHER SI | ny, which<br>immediate<br>ating the<br>use last | DUE TO, OI  (b)  DUE TO, OI  DUE TO, OI  (c)  CONDITIONS CO |   | NCE OF       | Corcinor  NOT RELATED TO THE TERM   | 20a AUTOPSY?  | 20b. IF YI      | IVEN IN PART 1    | NGS USED  | H?    |
| MEDICAL CERT  | 216 ACCIDENT WAS IN OR CONTRIBUTING (IF EITHER NOTIFY M. 21d INJURY OCCU                     | CAUSE OF DEA                                    | 21e PLACE O   | M. MONTH DA                                     | 19           | 210 HOW INJURY OCCURR   | YES NO  | JURY IN ITEM 18 | PART   OR PART 2) | NO [2     | ATE   |
| 5             | saw the dece   | osed alive an<br>(did) (did no                  | 1) view the body  | e deceosed from                                 | , on         | d that in (my) (aur) apinion of the control of the | MEDICAL ST<br>DIRECTOR PHYS                           | AFF             | pur and from the  |           |       |
| 23a.          | AT   | UL  | -   | SECAGE  | IAME OF C    | EMETERY OR CREMATORY  |   | icle            | ind.              | 206       | 78    |
|               | Burial   |   | 111111111111111111111111111111111111111                     | 30,1985   |              | Rock Cem  | Port Rep  | uhlio           | Calvert           |           | ATE   |
| 24 F          | UNERAL DIRECTOR  |   |   | ADDRESS   |              |   | E REC'D, BY REGISTRA                                  |                 | TRAR'S SIGNA      |           | 65183 |



## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

| 8 | 5        | 3 | 4    | .) | j | 5 |
|---|----------|---|------|----|---|---|
| 1 | REG. NO. |   | 1,00 |    |   |   |

| 4 | REGISTRAR  |  | CERTIFIC    | ATE OF DEATH               | REG. N                    | 0.                         |                  |                    |
|---|--|--|-------------|----------------------------|---------------------------|----------------------------|------------------|--------------------|
| ľ | DECEASED NAME FIRST  | MIDDLE   | LAST        |                            | 20. DATE OF DEATH         | MONTH D                    | AY YEAR          | 26 HOUR            |
| 1 | (TYPE OR PRINT) MAGGI  | E LOUISE   | WALL        | ACE                        | 100                       | Dec.                       | 21 1989          | 2325mm             |
| I | 3. SEX   | 4 RACE   | 5. DATE OF  |                            | 6 AGE (IN YEARS LAST BIR  | THDAY)                     | IF UNDER I YEAR  | IF UNDER 24 HRS    |
| 1 | Female   | Negro  | JIIIV       | 16 1908                    | 77                        | YRS                        | DATS             | MIN.               |
| 1 | To. BIRTHPLACE (STATE OF FOREIGN   | 76. CITIZEN OF WHAT COUNTRY?                                   | R           | □ NEVER MARRIED □          | 9. BALTIMORE CITY         | R COUNTY                   | OF DEATH         |                    |
| 1 | Maryland Maryland  | USA  | WIDOWED     |                            | Calyert                   |                            | У                | MD.                |
|   | 10 CITY OR TOWN OF DEATH   | 11. NAME OF HOSPITAL, NURSIN                                   |             | OTHER INSTITUTION          | 120 USHAL OCCUPAT         | DE WORKING LIFE            |                  | F BUSINESS OR      |
| 1 | Prince Frederick   | Calvert Memor  |             | spital                     | Housew                    | ife                        |                  |                    |
| J | USUAL RESIDENCE TIF NURSING HOME OF  | ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 134, CITY OR TOW | ADMISSION)  | 34 INSIDE CITY LIMITS?     | 13e.STREET ADDRESS        | ZIP CODE                   |                  |                    |
| 1 | Maryland Ca  | alvert Pr. Fre   |             | YES NO 🔀                   | P.O. Box                  | 1707                       | 20               | 0678               |
| J | 14. FATHER'S NAME  | MIDDLE LAST  | 1:          | MOTHER'S MAIDEN NAM        | ME<br>MIDD&E              |                            | LAST             |                    |
| 4 | John H   | H. Washingto   | n           | Susan                      |                           |                            | Kent             |                    |
| 1 | 160 WAS DECEASED EVER IN U.S. AF   | RMED FORCES? 166 SOCIAL SECU                                   | IRITY NO. 1 | 7 INFORMANT                | ADDR                      | ESS                        |                  |                    |
| l | No   |  | 7946        | Diane Wall:                | ace P.6.                  | Box 1                      |                  |                    |
| ľ | 18 CAUSE OF DEATH (Enter o   | nly one couse per line for (a), (b), ap                        |             | 2 . 0                      |                           |                            |                  | MATE INTERVAL      |
| 1 | PART I. DEATH WAS CAUSE  | ED BY:<br>TE CAUSE (a) Cand                                    | 10-6        | (esp. ot                   | nest                      | in mile                    | 3-4              | 4125.              |
| 1 |  | DUE TO, OR AS A CONSEQUE                                       | ENCE OF     | ,                          | 111                       | 2                          | 1.               | 11000              |
| 1 | Canditions, if ony, which  | ( b) Acul  | em          | yocands                    | ac In                     | FAIC,                      | Aan              | 21000              |
| 1 | gave rise to immediate cause (a), stating the                                      | DUE TO, OR AS A CONSEQUE                                       | ENCE OF     |                            | 101                       |                            |                  |                    |
| Ī | underlying cause last.   | ( CO)  |             | any GIA                    | 1. 0) 15                  | ease                       | e .              |                    |
| 1 |  | CONDITIONS CONTRIBUTING TO I                                   | DEATH BUT N | OT RELATED TO THE TERM     | UNAL DISEASE OR CON       | DITION GIVE                | ENAN PART 110    |                    |
| 1 | & OSEPSIS  | - U.T. 9.  | (E) !       | Diabet                     | en me                     | 1117                       | ters.            |                    |
| 7 | 190 DATE OF OPERATION  210, ACCIDENT WAS UNDERLYING                                | 196 CONDITION FOR WHICH  | OPERATION   | WAS PERFORMED              | 200 AUTOPSY?              | 20b. IF YES,<br>IN CERTIFY | , WERE FINDIN    | OF DEATH?          |
|   |  |  |             |                            | YES NO                    | YES                        |                  | NO 🗌               |
| 7 |  | COLUMN A AL ALONITHI D   |             | 21c, HOW INJURY OCCUR      | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PA           | AR1   OR PART 2) |                    |
| / | OR CONTRIBUTING CAUSE OF DE  | AIH  | 19          |                            | Mar No.                   |                            |                  |                    |
|   | OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED | 21e PLACE OF INJURY<br>(AT HOME STREET, FACTORY, OFFICE F      |             | ZII LOCATION<br>STREET     | CITY OR TO                | )WN                        | COUNTY           | STATE              |
| 1 | WHILE NOT WHILE AT WORK  | TALLOWE SHEET, PACTORS, OFFICE P                               | Ann, cicy   |                            |                           |                            |                  |                    |
| 1 | 220.1 certify that (1) (this hosp  | oital) ottended the deceased from_                             |             | , 19                       | , to                      |                            | 19               | that (1) (we) lost |
| 1 | saw the deceased olive or<br>abave, (1) (we) (did) (did no                         | n19<br>at) view the bady after death.                          | , and       | that in (my) (aur) apınian | death occurred an the d   | ate and haur               | and from the     | causes stated      |
|   | 22b. SIGNATURE   | 201-1  |             | GREE                       |                           | 2011                       | 22c. DATE        |                    |
| 1 | 101.6  | show n   | ワ, ひ.       | ATTENDING PHYSICIAN        | DIRECTOR PHYSI            |                            | 121              | 121/85.            |
|   | 224. PHYSICIAN'S NAME (TYPE  | OR PRINT)  |             | 22e ADDRESS                |                           |                            |                  |                    |
|   | M. Shah  |  |             |                            |                           |                            |                  |                    |
|   | 230 BURIAL, CREMATION, REMOVAL   | L 23b. DATE 23c 1  | NAME OF CEA | METERY OR CREMATORY        | 23d. LOCATION             | -                          | 8-11-11-1        |                    |
|   | Burial   | Dec. 28-85 Ca  | rroll       | Western Co                 | el Prince                 | Fred                       | . Cal.           | , Md               |
| 3 | 24 FUNERAL DIRECTOR  |  |             | 25a DAI                    | E REC'D. BY REGISTRAF     | Mb REGIST                  | RAR'S SIGNAT     | URE                |
|   | Spencer E. Sew   | well Box 31 P  | r. Fr       | ed., Md                    | 30                        | where                      | viden 196        | ryde BL            |
|   |  |  |             |                            |                           |                            |                  |                    |

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please terms with the State Dept of Health and Mental Hygiene prior to burial, criminal MAPORTANT; if them 21 is marked or term 18 shows ony injury, or other the

YUEZUU The state of the s

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

WARD

MARRIED X NEVER MARRIED

IF UNDER 24 HRS

DIVORCED

12a USUAL O House

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

6. AGE (IN YEARS IF UNDER 1 YR.

LAST BIRTHDAY

37

11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION

Calvert Memorial Hospital

| 2 '             | ) ~     | 160       | -      | 4  |
|-----------------|---------|-----------|--------|--|
| REG. NO         |         |           |        |  |
| OF ESTI-        | MONTH   |           | YEAR   | 26 HOUR  |
| ATH MATED       | 12/     | 139       | 85]    | 11242  |
| DATE            | MONTH   | DAY       |        | The second secon |
| DEAD 12/        | 13      | 19        | 85     | 12:4   |
| LTIMORE CITY OF | COUN    | Y OF DEA  | TH     |  |
| Calvert         |         |           |        | MD   |
| CCUPATION (TYPE | OF WORK | 12b. KIND | OF BUS |  |
| WITE            |         | Home      |        |  |
| Box 91          |         | 20        | 6      | 78   |
|                 |         |           |        |  |

Mathis

20 AUTOPSY?

NO [

STATE

APPROXIMATE INTERVAL

BETWEEN ONSET AND DEATH

|    | La company of the com |            |
|----|--|------------|
|    | 3 SEX  | 4. RACE    |
|    | Female   | Whit       |
| 1  | Te. BIRTHPLACE (S  | TATE OR    |
| 1  | North Car  | olina      |
| Ö  | . CITY OR TOWN   | OF DEATH   |
| 1  | Prince F   | reder:     |
| ij | USUAL RESIDENCE  |            |
| 5  | MD.  | 136<br>C   |
| 1  | FATHER'S NAMI  | E          |
| 0  | Grady  |            |
| 2  | 160. WAS DECEASE<br>YES, NO, OR UNKNO<br>N/A   |            |
|    | 18 CAUSE C<br>PARTIDE  | F DEATH (E |
| ij |  | IM         |

- STATE

REGISTRAR L DECEASED NAME (TYPE OR PRINT)

Coline

S DATE OF BIRTH

USA

NCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

02 - 24 - 48

b. CITIZEN OF WHAT COUNTRY?

White

Frederick

Calvert 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AL D. Prince Fred. NO X VAME 15. MOTHER'S MAIDEN NAME MIDDLE Selma Mathis Cordelia Lee 17. INFORMANT ADDRESS EASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. N/A 215-52-9635 Ward RR#1, Box91, Pr. Fred. Md 20678 JSE OF DEATH (Enter only ane cause per line far (a), (b), and (c) TIDEATH WAS CAUSED BY IMMEDIATE CAUSE (a OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LOR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I taak charge of the remains described above, held an Autapsy and in my opinian death resulted fram: Natural causes Hamicide Undetermined manner

PAGE 4 SHOULD BE FORM
TO FUNERAL DIRECTOR:
AFTER DEATH WITH THE ST
BATHMORE, MARYLAND

**DHMH - 17** (VR A15 ME (5)) 20M 4/82

24. FUNERAL DIRECTOR Donald V. Borgwardt

230 BURIAL, CREMATION, REMOVAL 236 DATE

EXAMINER'S NAME Emad Al-Banna, M.D.

12-16-85

ACTUAL

Burial.

(TYPE OR PRINT)

23c. NAME OF CEMETERY OR CREMATORY So. Memorial Gardens 23d LOCATION Dünkirk

Prince Frederick, MD

Calvert

Ma".

20678

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Rt. 264, Box 34B, Port Republic, Maryland 20676 DFC.

TITLE (SPECIFY)

|   | C                 |  |
|---|-------------------|--|
|   | 2                 |  |
|   | 0                 |  |
|   | MARYLAN           |  |
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| l | 0                 |  |
| ļ | TIMOR             |  |
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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

| 3 | 5 | 3 | 4 | 3 | 5 | 4 |
|---|---|---|---|---|---|---|
|   |   |   |   |   |   |   |

| 1 DECEASED                | NAME FIR   | 57                                   | MIDDLE                               |                      | LAS1                                     | 20 DATE OF DEATH                 | HINOM        | DAY            | YE AR  | 2b HOL                    | JR      |
|---------------------------|--|--------------------------------------|--------------------------------------|----------------------|--|----------------------------------|--------------|----------------|--------|---------------------------|---------|
| (TYPE OR PRINT)           | Ма   | rv                                   | Lillian                              | WA                   | SHINGTON                                 | December                         | 16,          | 1985           |        | 10:3                      | 19A     |
| 3. SEX                    |  | 4 RACE                               |                                      | 5. DATE O            |  | 6 AGE (IN YEARS LAST             |              | IF UNDER       |        | IF UNDER                  | -       |
| Femal                     | .e   | Black                                |                                      | Aug                  |  | 46                               | YRS          | CHINOM         | DAYS   | HOURS                     | MIN.    |
| 70. BIRTHPLAC             | E (STATE OR FOREIG                                     | N 76. CITIZEN OF                     | WHAT COUNTRY?                        | 8                    | D NEVER MARRIED                          | 9 BALTIMORE CITY                 |              |                | ATH    |                           |         |
| Maryland                  |  | USA                                  | USA WIDOWE                           |                      |  | Calvert                          |              |                |        |                           |         |
| 10 CITY OR TO             | OWN OF DEATH   |                                      | HOSPITAL, NURSIN                     |                      | OR OTHER INSTITUTION                     | 120. USUAL OCCUPA                |              |                | IND O  | FBUSIN                    | ESSOR   |
|                           | Frederic   | k Calver                             | t Memoria                            | al Ho                | spital                                   | Domesti                          |              | S (IFE)    IND | JSIKI  |                           |         |
| USUAL RESIDE              |  | OME OR OTHER INSTITUTION             | GIVE RESIDENCE BEFORE                |                      | 113d. INSIDE CITY LIMITS?                | 13e.STREET ADDRESS               | 7 7 IP CC    | ODE.           |        |                           |         |
| Maryla                    | nd C   | alvert                               | Huntingt                             |                      | YES NOX                                  | Box 192                          |              | JUL            |        | 208                       | 539     |
| 14 FATHER'S N             | IAME<br>IRST   | MIDDLE                               | LAST.                                |                      | 15 MOTHER'S MAIDEN NAM                   | ME MIDDLE                        |              |                | 1.00   |                           |         |
| Automotive and the        | elius  | Middle                               | Chase                                |                      | Charlotte                                | MIDDLE                           |              | Free           | elar   | ıd                        |         |
| 160 WAS DECI              |  | S. ARMED FORCES?                     | 166 SOCIAL SECU                      | RITY NO.             | 17 INFORMANT                             | ADD                              | RESS         |                |        |                           |         |
| no                        | UNKNOWN) (IF   | ES. GIVE WAR OR DATES)               | 213-38-46                            | 510                  | Forlisa Washi                            | ingtown Box                      | ( 192        | Hunti          | ingt   | own,                      | , Mo    |
| gave couse underly PART 2 | ring couse lo  | DUE TO, O' st. (c) ANT CONDITIONS CO |                                      | DEATH BUT            | NOT RELATED TO THE TERM  N WAS PERFORMED | INAL DISEASE OR CO               | 20b. IF      | YES, WERE      | FINDIN | IGS USF                   | D       |
|                           |  |                                      |                                      |                      |  | YES NO                           | INCER        | YES -          | AUSES  | OF DEAT                   | _       |
| OR CONT                   | IDENT WAS UNDERLYIP RIBUTING CAUSE R NOTIFY MEDICAL EX | OF DEATH HOUR A.                     | M. MONTH DA<br>M.                    | Y YEAR               | 21c. HOW INJURY OCCURR                   | RED (ENTER NATURE OF IN          | JURY IN ITEM | IB PART LORP.  | ART 2) |                           |         |
| WHILE<br>AT WORK          | DRY OCCURRED  NOT WHILE DAT WORK                       | 21e PLACE                            | OF INJURY<br>EET, FACTORY OFFICE, FA | ARM ETC)             | 211 LOCATION<br>STREET                   | CITY OR                          | IOWN         | cour           | VIV    | S                         | 1 A1E   |
| sow                       | the deceased of  | hospital) attended the               | 10 19 8                              | 85 <sub>0</sub> , or | DEGREE  ATTENDING PHYSICIAN              |                                  | AFF          |                |        | that (I) (v<br>couses sta | we) los |
|                           | sician s Name i<br>arles J                             |                                      | D. O                                 |                      | 220 ADDRESS Prince Fred                  | 1                                |              | 1 20           | 678    | 10                        | 10      |
| (SPECIFY)                 | REMATION, REMO   | Dec. 21                              |                                      |                      | t. Chr. Cemete:                          | 23d LOCATION CITY OR TOWN Huntin | at own       | Calvi          | ert    | M                         | LATE O  |

DHMH - 16 60M 7/B4

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that theretained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene priar to burial, at

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| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 | thot  | base<br>ol. cr   | roth  |
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|  | TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 m | TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and completely filled in by the funeral first-should be detached for use as the bunal-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 frou with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal | IMPORTANT: If them 21 is marked or them 18 shows any injury, or other troumotic event, the medical examiner must be notified at ance. |
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| 008148   | 1   | FOR<br>- STATE<br>REGISTRAR   | STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 3 4 5 5 5 CERTIFICATE OF DEATH  REG. NO. |   |  |  |  |  |
|--|---|---|---|---|--|--|--|--|
| and it   |   | ECEASED NAME FIRST  | MIDDLE  | LAST .  | 20. DATE OF DEATH MONTH D                        | AY YEAR 26 HOUR  |  |  |
| y be   | L   | Edwar   |   | Worth   | 12/31/85   | 03:25AM  |  |  |
| ge 4 moy   | 3 S   | Male  | 4 RACE White  | 5. DATE OF BIRTH  08 18 03                        |  | IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN. |  |  |
| g 50 00 00 00 00 00 00 00 00 00 00 00 00   | 1   | BIRTHPLACE (STATE OR FOREIGN COUNTRY)   | 76 CITIZEN OF WHAT COUNTRY?   | MARRIED XX NEVER MARRIED                          | BALTIMORE CITY OR COUNTY                         |  |  |  |
| deoth<br>nin 7   |   | ew York   | U.S.A.  | WIDOWED DIVORCED                                  | Calvert Co                                       |  |  |  |
| by the filled with   | Pr  | city or town of DEATH cince Frederick   | 11. NAME OF HOSPITAL, NURSIN<br>(IF NOT IN SUCH FACILITY, GIVE STREET<br>Calvert Memo                   | rial Hospital                                     | TYPE OF WORK FOR MOST OF WORKING LIFE  Plumber   | P.G. County  |  |  |
| filled in<br>nould be  | 5 13a.<br>Ma                                    | JAL RESIDENCE (IF NURSING HOME OR<br>STATE 136 COUN<br>aryland Calve  | ITY 13c CITY OR TOW   | /N 13d. INSIDE CITY LIMITS? YES X NO              | 13e STREET ADDRESS / ZIP CODE<br>3020 Drury Lane |  |  |  |
| ompletely<br>ond 2 st  | 4 14 5  |   | E. Worth  | 15 MOTHER'S MAIDEN NA Anna                        | MIDDLE   | Davis  |  |  |
| on and co  | ) 16a   | WAS DECEASED EVER IN U.S. ARI<br>1YES NO OR UNKNOWN) (IF YES, GIVI  | MED FORCES? 166. SOCIAL SECU<br>217-05-5  |   | th 3020 Drury l                                  | Lane<br>aryland  |  |  |
| physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physicic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>physic<br>ph |   | PART I. DEATH WAS CAUSE   | ly one couse per line for (01, (b1, on<br>0 BY;<br>E CAUSE (0)  | ion/monary Ari                                    | rest   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH        |  |  |
| uires that the death ce<br>igned by the attending<br>an please remove carb<br>burial, cremation, or<br>try, or ather traumatic   | 7   | Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 |   |   |  |  |  |  |
| he low reform.  hos been permit. Tene prior ows ony in   | 196 CONDITION FOR WHICH OPERATION WAS PERFORMED |   |   |   |  | WERE FINDINGS USED ING CAUSES OF DEATH?                |  |  |
| ICIAN: TI<br>g physicia<br>entificate<br>rol-transit<br>intol Hygi<br>em 18 sh   |   | 210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA  | in .  | AY YEAR   | RED (ENTER NATURE OF INJURY IN ITEM 18 PA        | RT ( OR PART ?)  |  |  |
| offending<br>er this contract of the bur<br>ond Me   | MEDICAL   | 21d INJURY OCCURRED  WHILE NOT WHILE AT WORK  | 21e PLACE OF INJURY<br>(AT HOME, STREET FACTORY, OFFICE I   | PARM ETC) 211 LOCATION<br>STREET                  | CITY OR TOWN                                     | COUNTY STATE   |  |  |
| TIENDIN<br>pital or<br>TOR: Af<br>for use o<br>of Health   |   | 22a.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did no   | nal) attended the deceased from 12/3/19   | 12/3/ 19 / 19                                     | death occurred on the date and hour              | ond from the couses stated                             |  |  |
| ALOR ALDIRECTOR DIRECTOR DIRECTOR DEPT OF DEPT IF HEM  | 7   | 276. SIGNATURE  DEGREE  MID  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 12/31/85  |   |   |  |  |  |  |
| TO HOSPITAL retained by 11 TO FUNERAL should be det with the State   |   | Mark Kusher   |   | 27e ADDRESS<br>Prince F                           | rederick, Mary                                   | land 20678   |  |  |
| BP   |   | BURIAL, CREMATION, REMOVAL  |   | name of cemetery or crematory iphany Epis. Ch. Ce |  | P.G. Maryland  |  |  |
| DHMH - 16 60M 7/84<br>(VRA 15, 4)  |   | FUNERAL DIRECTOR PORGE P. Kalas F   | 6160<br>uneral Home Oxo   | OXOII HILL RO.                                    | TE REC'D. BY REGISTRAR 25b. REGISTR              |  |  |  |

STATE OF MARYLAND

